

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/23/2021	Time of Crash 14:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
NORTH Route# Direction Name of Roadway/Street At 16 WEST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			EDDY ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000984			
License # --- St MA DOB/Age ---			Reg # 2SS964		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make INFINITY		Veh Config. 1 20			
Operator OKOYE HENRY C			Owner (Same as operator)		First Middle		Address _____			
Address 13 MARIE WAY			City RANDOLPH		State MA Zip 02368		Insurance Company PROGRESSIVE			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Vehicle Action Prior to Crash 1 21		Towed N			
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility							
Operator			See Above		99 4 4 0 0 10 1		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---			Reg # UM1619		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013		Veh Make LEXUS		Veh Config. 1 20			
Operator WEISBERG GWEN P			Owner (Same as operator)		First Middle		Address _____			
Address 4 REPTON CIR (apt. 4310)			City WATERTOWN		State MA Zip 02472		Insurance Company LIBERTY MUTUAL			
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Damaged Area Code: (Circle Up to Three)		10 Undercarriage 5 11 Totaled			
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Vehicle Action Prior to Crash 1 21		Towed N			
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility							
Operator/Non-Motorist			See Above		99 99 4 0 0 10 1		NONE			

Crash Narrative:
Oper of Veh #1 stated he was traveling WB on Watertown Street when he was struck by Veh #2.
Oper #2 stated that she stopped at stop sign on Eddy Street and then proceeded on Watertown Street where she
struck Veh #1. Stated she never saw vehicle #1.
Minor damage to both vehicles.
No Tows. No injuries.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MICHAEL D BOUDREAU			NEWTON POLICE DEPT#3		11/24/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP11 11:24:00					