

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/24/2021		Time of Crash 11:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div>WEST ALDEN ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH CENTRE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000985							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator ACERRA RICHARD GEORGE Address 8 KIRKSTALL RD City NEWTON State MA Zip 02460 Insurance Company LIBERTY MUTUAL Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 273HL8 Reg Type PAN Reg State MA Veh Year 2008 Veh Make AUDI Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved				13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- --- 99 1 4 0 0 8 1 NONE									
ACERRA, JEAN, FRANCES 8 KIRKSTALL RD NEWTON, MA 02460 --- F 3 99 1 4 0 0 8 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 --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator WOLFE CARYN LISA Address 1032 CENTRE ST City NEWTON State MA Zip 02459 Insurance Company GEICO Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 1WD479 Reg Type PAN Reg State MA Veh Year 2015 Veh Make KIA Veh Config. 2 20 Owner WOLFE JAMES J Address 1032 CENTRE ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

○

Crash Narrative:

Oper # 1 stated he was traveling SB on Centre Street when Vehicle # 2 pulled in front of him and he was unable to stop in time.

Oper #2 stated she stopped at Alden Street and Centre Street. Traffic was stopped on Centre Street due to red light ahead. No one was blocking intersection so she pulled out and turned left onto Centre Street when she was struck by Veh #1. She stated Veh #1 had gott into left turn lane early making Centre Street two lanes , when it doesn't become two lanes until after the intersection.

Medics responded and everyone signed a refusal,

Both vehicles towed by Tody's.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate

Cargo Body Type Code Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length

Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code