

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/29/2021		Time of Crash 07:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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><div>SOUTH</div><div>ELM ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WEBSTER 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>				<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>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000995					
License # --- St MA DOB/Age ---				Reg # 9937PH Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2016 Veh Make MITS Veh Config. 2 20									
Operator BEAL JUDITH				Owner (Same as operator)									
Address 78 MT VERNON ST				Address									
City FITCHBURG State MA Zip 01420				City State Zip									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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				1 4 4 0 0 10 1									
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 # 292KH6 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018 Veh Make FORD Veh Config. 2 20									
Operator VENA NANCY M				Owner (Same as operator)									
Address 21 KERRY CT				Address									
City W NEWTON State MA Zip 02465				City State Zip									
Insurance Company SAFETY				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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				1 4 4 0 0 10 1									

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

elm st

webster st

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

ON 11-29-21 AT APPROX. 0753HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF ELM AND WEBSTER I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON WEBSTER AND STOPPED AT THE STOP SIGN. SHE STATES THERE WAS A VEHICLE IN FRONT OF HER. WHEN THAT VEHICLE WENT SHE WAITED HER TURN AND THEN ENTERED THE TRAFFIC LANE. SHE CLAIMS VEHICLE #2 CUT IN FRONT OF HER AND SHE WAS UNABLE TO AVOID HITTING HER. DRIVER OF VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON ELM ST. SHE STATED SHE WAS STOPPED AT THE STOP SIGN WITH A VEHICLE IN FRONT OF HER. SHE ALSO STATED WHEN THE VEHICLE IN FRONT OF HER WENT SHE WAITED HER TURN AND THEN ENTERED THE TRAFFIC LANE. SHE STATED WHILE TRAVELING SHE WAS HIT IN THE RIGHT SIDE BY VEHICLE #1. BOTH PARTIES STATED THEY WERE STOPPED AT THE STOP SIGN. BOTH PARTIES STATED IT WAS THEIR TURN TO GO. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2

(Continued on next page)

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

THOMAS P WALSH

NEWTON POLICE DEPT

11/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

HAD RIGHT SIDE DAMAGE BUT WAS STILL OPERATIONAL. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES WERE EXAMINED BY MEDICS AND SIGNED PATIENT REFUSALS. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS P WALSH

NEWTON POLICE DEPART

11/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date