

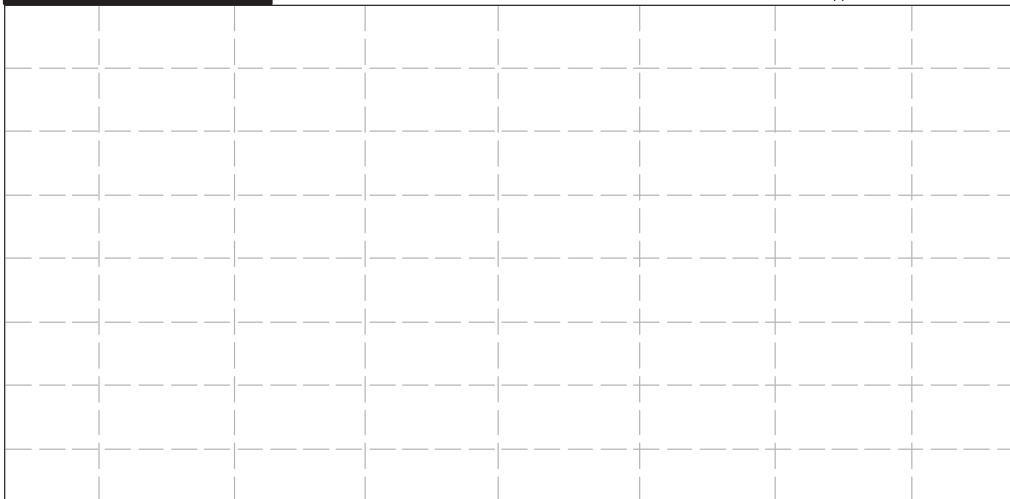
Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/01/2021	Time of Crash 08:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>30</u> 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 336 WINCHESTER 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 _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				1 11			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100001003	
License # _____ St MA DOB/Age _____			Reg # 7FV257 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make BMW Veh Config. 2 20			3 12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner PHILLIPS LAWRENCE			Address 199 BROOKLINE ST			3 12	
Operator PHILLIPS ILLANA			Address 199 BROOKLINE ST			City NEWTON State MA Zip 02459			3 12	
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			3 12	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 22 22 22 22 22			Most Harmful Event 22 23			3 12	
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			3 12	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____			3 12	
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			13 22	
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			13 22	
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. 20			13 22	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner _____			Address _____			13 22	
Operator _____			Address _____			City _____ State _____ Zip _____			13 22	
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			13 22	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22			Most Harmful Event 23			13 22	
Citation # (If Issued) _____			Driver Contributing Code 24 24			Underride/Override 25 Towed _____			13 22	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____			13 22	
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			13 22	

→ 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:

pressure and she brought the vehicle to have the air pressure refilled. She expressed a concern in hindsight that whomever added air may have over inflated the tire. Exact cause of tire malfunction is unknown at this time.

(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 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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

12/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:

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

ALAN JR RICHARD SOLOMAN.			NEWTON POLICE DEPARTM		12/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 -24-00					