

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/01/2021	Time of Crash 18:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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:				
WEST Route# Direction Name of Roadway/Street At SOUTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			BROOKLINE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100001007		
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator GILLESPIE MELISSA C Address 55 BROOK FARM RD City W ROXBURY State MA Zip 02132 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 # 3LCP19 Reg Type PAN Reg State MA Veh Year 2021 Veh Make JEEP Veh Config. 1 20 Owner CU LEASING CORP Address 9665 (apt. 400) GRANITE RIDGE DR City SAN DIEGO State CA Zip 92123 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled								
Please fill out for operator and all occupants involved			13								
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment Operator SNYDER JULIA Address 19 AUTUMN LN City DEDHAM State MA Zip 02026 Insurance Company LIBERTY MUTUAL 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 # 1DR610 Reg Type PAN Reg State MA Veh Year 2010 Veh Make HYUN Veh Config. 1 20 Owner OBRIEN SNYDER KELLY Address 19 AUTUMN City DEDHAM State MA Zip 02026 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 19 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled								
Please fill out for operator and all occupants involved			13								
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 1 4 0 0 8 2 NWH								

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 1 Unit 2

BROOKLINE STREET

Old Farm Road

N

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

Crash Narrative:

The operator of vehicle 1 stated that she was stopped on Brookline Street waiting for oncoming traffic to clear in order for her to take a left turn onto Old Farm Road. She was then rear ended by vehicle 2.

The operator of vehicle 2 stated that she was traveling West on Brookline Street, she looked down for a moment and when she looked back up she was too close to vehicle 1 to stop in time and crashed into vehicle 1. The operator of vehicle 2 was transported to Newton Wellesley hospital for an evaluation. Vehicle 2 was towed from the scene by Todys.

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 BANNON

NEWTON POLICE DEPARTM

12/01/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date