

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|----------------------|---------------------|---|--|--|--|
| Date of Crash 12/13/2021 | | Time of Crash 07:16 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 25 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: | | | | | | 9 | |
| Route# Direction Name of Roadway/Street At | | | | WEST 2345 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | | 2 | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | | 10 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Feet N S E W of _____ Landmark | | | | | | | | 11 | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 2100001043 | | | | | | 2 | |
| License # --- St MA DOB/Age --- | | | | Reg # 5BW161 Reg Type PAN Reg State MA | | | | | | | | 12 | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2016 Veh Make HONDA Veh Config. 1 20 | | | | | | | | 1 | |
| Operator CROSSLEY LINDSAY Last First Middle | | | | Owner CROSSLEY KYLE S Last First Middle | | | | | | | | 12 | |
| Address 5 TUDOR TER | | | | Address 5 TUDOR TER | | | | | | | | 1 | |
| City AUBURNDALE State MA Zip 02466 | | | | City AUBURNDALE State MA Zip 02466 | | | | | | | | 12 | |
| Insurance Company PROGRESSIVE DIRECT INS COMP | | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | 13 | |
| Vehicle Travel Direction: N S E X Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | 10 Undercarriage | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 1 9 5 11 Totaled | | | | | | | | 11 | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 5 24 24 25 Towed Y | | | | | | | | 6 | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override _____ | | | | | | | | 13 | |
| 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 | | | | | | | | 1 | |
| Operator | | | | See Above | | | | | | | | 13 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 | |
| License # --- St MA DOB/Age --- | | | | Reg # 1GAK53 Reg Type PAN Reg State MA | | | | | | | | 12 | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2006 Veh Make TOYT Veh Config. 1 20 | | | | | | | | 1 | |
| Operator JACKSON MADISON Last First Middle | | | | Owner DAVID ROBIN Last First Middle | | | | | | | | 12 | |
| Address 97 GREAT PLAIN AVE | | | | Address 97 GREQAT PLAIN AVE | | | | | | | | 1 | |
| City NEEDHAM State MA Zip 02492 | | | | City NEEDHAM State MA Zip 02492 | | | | | | | | 12 | |
| Insurance Company LIBERTY MUTUAL INS COMP | | | | Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | 13 | |
| Vehicle Travel Direction: N S E X Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | | | | | 10 Undercarriage | |
| Citation # (If Issued) _____ | | | | Most Harmful Event 1 23 1 9 5 11 Totaled | | | | | | | | 11 | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Driver Contributing Code 1 24 24 25 Towed N | | | | | | | | 6 | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override _____ | | | | | | | | 13 | |
| 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 | | | | | | | | 1 | |
| Operator/Non-Motorist | | | | See Above | | | | | | | | 13 | |
| JACKSON, SYDNEY | | | | 97 GREAT PLAIN AVE NEEDHAM, MA 02492 | | | | | | | | 13 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Opr of MV2 stated she was traveling westbound when she observed someone try to cross the street. Opr of MV2 slowed down and stopped for the pedestrian. At this time, MV2 was struck by MV1 from behind. MV2 sustained minor damage and was not towed.

Opr of MV1 was traveling westbound. Opr of MV1 stated she did not realize MV2 was stopping and could not stop in time. MV2 made contact with MV1 in the rear. MV1 sustained damage to the front and was towed by Tody's.

No reported injuries.

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

| | | | |
|------------------------------------|-----------|-----------------------|-------------------|
| DANIEL ANDERSON | 32456 | NEWTON POLICE DEPARTM | 12/13/2021 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department |
| | | | Precinct/Barracks |
| | | | Date |