

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/13/2021	Time of Crash 15:51 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:			
Route# Direction Name of Roadway/Street At			WEST 141 LINWOOD AVE							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100001046	
License # --- St MA DOB/Age ---			Reg # 1142GD Reg Type PAN Reg State MA			Veh Year 2003 Veh Make TOYOTA Veh Config. 1 20			Owner (Same as operator)	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator MCMAHON ALICE			Address 172 NEVADA ST			City NEWTON State MA Zip 02458	
Insurance Company THE COMMERCE INSURANCE COMPANY			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 _____			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 13 24 24	
Underride/Override 25 Towed Y			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled	
Please fill out for operator and all occupants involved			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			Operator/Non-Motorist See Above	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---			Reg # 5237EV Reg Type PAN Reg State MA			Veh Year 2015 Veh Make VOLVO Veh Config. 1 20			Owner BLANCHARD CAROL A	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator _____			Address 141 LINWOOD AVE			City NEWTON State MA Zip 02460	
Insurance Company _____			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 _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Underride/Override 25 Towed N			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled	
Please fill out for operator and all occupants involved			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/Non-Motorist See Above			Operator/Non-Motorist See Above	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian  
 ie: → 1    → 2    →

**Crash Diagram:**

141 LINWOOD AVE  
 MV2  
 P.O.I.  
 MV1  
 LINWOOD AVE  
 ADAMS ST  
 NOT TO SCALE  
 N  
 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 MV1 stated she turned left from Adams St. onto Linwood Ave (SW). She was temporarily blinded by the glare from the sun, and as a result struck MV2, parked on the side of the road at 141 Linwood Ave. She reported no injuries. MV2 sustained minor damage to the drivers side rear end. MV1 sustained moderate damage to the front bumper and 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