

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 01/03/2022		Time of Crash 18:17 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:																																																																						
<div>14</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>SOUTH 40 NEEDHAM ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Exit Number</div> <div>Feet N S E W of</div> <div>0 Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>FARM GRILL</div> <div>Landmark</div>																																																																						
						<div>210</div>																																																																						
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<div>3</div> <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000007																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL</div> <div>Operator LERNER SAMANTHA PAIGE</div> <div>Address 167 W 7TH ST (apt. 1)</div> <div>City SOUTH BOSTON State MA Zip 02127</div> <div>Insurance Company BANKERS STANDARD INSURANCE</div>						<div>12</div> <div>Reg # 87459 Reg Type PAR Reg State MA</div> <div>Veh Year 2018 Veh Make MERCEDES Veh Config. 2 20</div> <div>Owner LERNER JEFFREY TODD</div> <div>Address 671 CHARLES RIVER ST</div> <div>City NEEDHAM State MA Zip 02492</div> <div>Vehicle Action Prior to Crash 4 21</div> <div>Event Sequence 1 22 22 22 22 2</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 1 24 24</div> <div>Underride/Override 25 Towed N</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>10 Undercarriage</div> <div>5 11 Totaled</div>																																																																						
<div>5</div> <div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch Sec Violation 2: Ch Sec</div> <div>Violation 3: Ch Sec Violation 4: Ch Sec</div>						<div>13</div> <div>1</div>																																																																						
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

On 01/03/22 at approximately 1617 hours Officer Robert March and I, Officer Whitney Hyde, were assigned to N499 when we were dispatched to a 2 car MVA at 160 Needham St with no injuries. Both vehicles were waiting in the parking lot. On location I made contact with the operator of Vehicle 1, identified as Samantha LERNER. LERNER stated that she had been travelling southbound on Needham St and stopped in the center left turn lane to turn into the Farm Grill. When it was clear to turn, LERNER began to turn left when Vehicle 2 passed her on the left and made contact with the driver side front quarter panel of Vehicle 1. I observed scrapes and minor damage to Vehicle 1's front bumper and driver side front wheel rim. LERNER stated that the operator of Vehicle 2, later identified as Leanna LANDE, exited her vehicle at the time of the accident and exclaimed that her dog was dying and she was headed to the animal hospital down the road and they could exchange

(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)

35

Carrier Name _____ Carrier Issuing Authority Code _____

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

