

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/25/2022		Time of Crash 07:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 20 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	
SOUTH NONANTUM PL										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____						2			
EAST JEFFERSON ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11			
Also at Intersection with				Route# Intersecting Roadway/Street						3			
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 22000071							
License # --- St MA DOB/Age ---				Reg # 3BKN67 Reg Type PAS Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make ACURA Veh Config. 2 20									
Operator MITRA SUNAYANA				Owner KRISHNAN VIJAISRINIVASAN								12	
Address 24 ARESNAL ST (apt. 4B)				Address 24 (apt. 4B) ARSENAL ST									
City WATERTOWN State MA Zip 02472				City WATERTOWN State MA Zip 02472									
Insurance Company GOVT EMPLOYEES INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 11 24 24				5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility		1	
Operator				See Above		-----		---					
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 ---				Reg # 4YD858 Reg Type PAS Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 1 20									
Operator TRAN LINH D				Owner (Same as operator)									
Address 22 THORNDIKE ST				Address _____									
City LOWELL State MA Zip 01852				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility		1	
Operator/Non-Motorist				See Above		-----		---					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

JEFFERSON ST

NONANTUM PL

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:

OPERATOR OF MV STATED SHE WAS TURNING ONTO NONANTUM PL FROM JEFFERSON ST AND DUE TO THE SNOW ON THE ROAD, HER VEHICLE SLID INTO MV 2'S FRONT END . NO INJURIES FOR MV 1 AND MINOR DAMAGE.

OPERATOR OF MV 2 STATED HE WAS TRAVELING ON NONANTUM PL WHEN MV1 LOST CONTROL DUE TO THE ROAD CONDITIONS AND SLID INTO HIS VEHICLE. MINOR DAMAGE SUSTAINED TO MV 2 AND THE OPERATOR WAS TRANSPORTED TO NWH FOR BACK PAIN.

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

MATTHEW W COLELLA NEWTON POLICE DEPT 01/25/2022

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00