

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/03/2022		Time of Crash 18:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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>WEST COMMONWEALTH AVENUE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>EAST SUMNER STREET</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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000105					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator O'CONNOR JENNY Address 30 GROVE STREET City KINGSTON State MA Zip 02364 Insurance Company COMMERCE INSURANCE COMPANY				Reg # RTV19XV Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 Owner O'CONNOR HUGH Address 30 GROVE STREET City KINGSTON State MA Zip 02364 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 18 24 99 24 Underride/Override 25 Towed Y 									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				13 1									
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													
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 M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator ARNSTEIN FREDERICK Address 7 BRIAR LN. (apt. 1) City NEWTON State MA Zip 02460 Insurance Company COMMERCE INSURANCE COMPANY				Reg # 5S5684 Reg Type PAN Reg State MA Veh Year 2014 Veh Make LEXUS Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 30 22 36 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y 									
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				13 1									
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													

→ 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:

Operator of MV1 states she was turning left eastbound from Sumner Street onto Commonwealth Avenue when she hit MV2. Operator of MV1 states she couldn't see over the snow pile on Commonwealth Avenue. Operator of MV1 stated she didn't see the car until the last second. MV1 sustained major damage to the front left of the vehicle and left side of the vehicle. All airbags were deployed. MV1 was towed by Todys's Service Inc as it was disabled. Operator of MV1 had no injuries and denied medical attention.

Operator of MV2 states he was traveling straight ahead (Westbound) when he saw MV1's car lights and then all he remembers was crashing into the fence of 63 Sumner Street. MV2 sustained major damage to the front center and right side of the vehicle. Todys's Service Inc towed MV2 as all the air bags were deployed and the vehicle was disabled. Operator of MV2 had minor injuries and was transported by medics to Newton

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SINOTTE, CAMERON,	89 WITHINGTON RD NEWTON,MA	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
FIGLER, SAM,	63 COMMONWEALTH AVENUE NEWTON,MASSACHUSETTS 0	650-269-4780	97	WOODEN FENCE

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

CHRISTOPHER PERRY

NEWTON POLICE DEPARTM

02/04/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

Wellesley Hospital to be evaluated.

A section of 63 Sumner Street fence was damaged due to Motor Vehicle Accident. Owner (Sam Figler) cell phone: 650-269-4780 was informed of the damage.

Witness states he saw MV1 come off of Sumner Street and get hit by MV2 on Commonwealth Avenue. Witness' vehicle did not sustain damage. Witness had no injuries.

Several photos were taken of accident and turned into IT.

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

CHRISTOPHER PERRY

NEWTON POLICE DEPART

02/04/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date