

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/11/2022		Time of Crash 16:13 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		
COMMONWEALTH AVE												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
WASHINGTON ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11		
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Landmark						3		
1 1		2 1		3 1		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000135		
License # --- St MA DOB/Age ---				Reg # 996WM2		Reg Type PAN		Reg State MA					12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014		Veh Make JEEP		Veh Config. 1 20						
Operator MCMANUS GLENN M				Owner (Same as operator)										
Address 44 BIRCH HILL				Address										
City ASHLAND State MA Zip 01721				City		State		Zip						
Insurance Company COMMERCE				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		10 Undercarriage				
Citation # (If Issued) _____				Most Harmful Event 1 23		1		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 1 24		8		6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved													13	
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		-----		---		1 4 99 0 0 10 1				
7 2				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 MN DOB/Age ---				Reg # 1AGV92		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020		Veh Make PORSCHE		Veh Config. 1 20						
Operator SHAFER COLLEEN				Owner (Same as operator)										
Address 2939 ITASCA AVE				Address										
City LAKELAND State MN Zip 55043				City		State		Zip						
Insurance Company PLYMOUTH ROCK				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 1 22 22 22		2		3 4		10 Undercarriage				
Citation # (If Issued) _____				Most Harmful Event 1 23		1		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 1 24		8		6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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				
Operator/Non-Motorist				See Above		-----		---		1 1 99 0 0 10 1				

→ 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:**

MV1 proceeding southbound on Washington Street failed to stop at red light and collided with MV2 which was proceeding Eastbound on Commonwealth.

Operator MV1 stated he was unable to see color of traffic signal due to excessive glare.

Both operators declined EMT's

Both vehicles were driven away without tow.

**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

ISAIAH JELLINEK

NEWTON POLICE DEPART

02/11/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date