Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
02/24/2022	23:21 24HR	NEWTON	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 4 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 1 — Route# | Direction | Name of Intersecting Roadway/Street

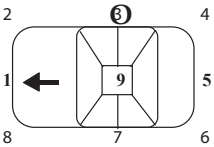
Route# SOUTH | Direction | Address # 925 | Name of Roadway/Street CENTRE ST
Feet [N] [S] [E] [W] of Mile Marker ___ ___ ___ • ___ or Exit Number
Feet [N] [S] [E] [W] of Route# | Intersecting Roadway/Street
Feet [N] [S] [E] [W] of Landmark

2 9 — 2 10 — 4 11

3 ☒ Vehicle 1 — 1 #Occupants | ☒ Hit/Run | ☐ Moped | Case Number 22000177

License # --- St MA DOB/Age -- -- ----
Sex F | Lic. Class D 18 18 | Lic. Restrictions 1 19 | CDL Endorsment
Operator LEON (Last) CHERLINE (First) (Middle)
Address 335 CHESTNUT FARM WAY (apt. 335)
City RAYNHAM State MA Zip 02767
Insurance Company GOVERNMENT EMPLOYEES INS CO
Vehicle Travel Direction: [N] [X] [E] [W] Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 2HB258 Reg Type PAN Reg State MA
Veh Year 2019 Veh Make HONDA Veh Config. 2 20
Owner MENTOR (Last) FRANTZLAY (First) (Middle)
Address 335 (apt. 335) CHESTNUT FARM WAY
City RAYNHAM State MA Zip 02767
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 | 22 | 22 | 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 | 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

4 1 — 1 12 — 5 — 6 1

Please fill out for operator and all occupants involved

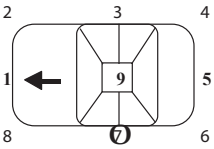
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	1	4	99	0	0	10	1	

1 13

7 1 — Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☒ Hit/Run | ☐ Moped

License # St DOB/Age -- -- ----
Sex | Lic. Class 99 18 18 | Lic. Restrictions J 19 | CDL Endorsment
Operator UNKNOWN (Last) UNKNOWN (First) (Middle)
Address UNK
City State Zip
Insurance Company UNKNOWN
Vehicle Travel Direction: [N] [X] [E] [W] Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Reg # UNK Reg Type UNK Reg State XX
Veh Year UNK Veh Make UNK Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 | 22 | 22 | 22
Most Harmful Event 1 23
Driver Contributing Code 9 24 | 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

8 1

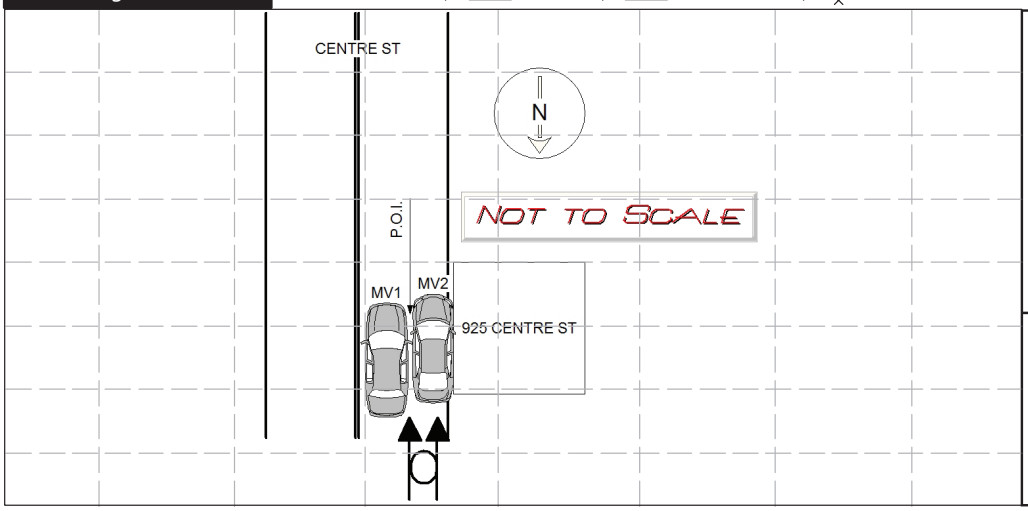
Please fill out for operator and all occupants involved

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	--------	---	---	99	99	99	0	0	99	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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 was traveling Southbound in the area of 925 Centre St. when MV2 passed her on the right side, striking her right side view mirror. MV2 left the scene Southbound on Centre St. She described MV2 as a blue sedan, unknown registration. Medic 1 evaluated the operator and she signed a patient refusal. MV1 was able to be safely driven from the scene.

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]

KAYLA PATRICIA DONAHUE			NEWTON POLICE DEPARTM		02/24/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00