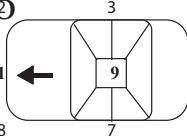
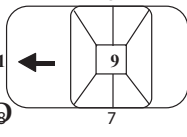


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/27/2022		Time of Crash 16:05 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
<div><div>NORTH</div><div>CENTRE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>COMMONWEALTH AVE</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>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000188							
License # --- St MA DOB/Age ---				Reg # 2LRR59 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment				Veh Year 2020 Veh Make BMW Veh Config. 1 20									
Operator ROSEN JOY				Owner (Same as operator)									
Address 34 CHESTNUT TERR.				Address									
City NEWTON State MA Zip 02459				City State Zip									
Insurance Company COMMERCE INSURANCE COMPANY				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									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24									
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		Medical Facility			
Operator				See Above		-----		---					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St DOB/Age ---				Reg # --- Reg Type UNKNOWN Reg State ---									
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year --- Veh Make UNKNOWN Veh Config. 1 20									
Operator ---				Owner ---									
Address ---				Address ---									
City --- State --- Zip ---				City --- State --- Zip ---									
Insurance Company ---				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22									
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 3 24 24									
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		Medical Facility			
Operator/Non-Motorist				See Above		-----		---					

→ 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:

Operator of MV1 stated she was traveling straight ahead, eastbound, on Commonwealth Avenue when a red sedan struck her vehicle. Operator states she was driving through a green light signal when Operator of MV2 went through a red light signal. Operator of MV1 said she pulled over to exchange information with MV2 Operator when she observed the party get out of the vehicle gather a piece of the broken MV2 vehicle and then drive away. MV1 sustained damage to the front right of the vehicle. Operator of MV1 signed a refusal from the medics on scene. No injuries, no 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

CHRISTOPHER PERRY **NEWTON POLICE DEPARTMENT** **02/27/2022**

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

CDP1 11 -24-00