

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 03/02/2022		Time of Crash 09:33 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		
Route# Direction Name of Roadway/Street At				EAST 151 SARGENT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10 11 3		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street														
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000197						
License # --- St MA DOB/Age ---				Reg # 1HLE75 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make SUBA Veh Config. 1 20										
Operator GOLAHNY AMY Last First Middle				Owner (Same as operator) Last First Middle									12	
Address 24 DORR RD				Address										
City NEWTON State MA Zip 02458				City State Zip										
Insurance Company COMMERCE				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				Event Sequence 1 22 22 22 22						
Citation # (If Issued)				Most Harmful Event 1 23				Most Harmful Event 1 23						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Driver Contributing Code 1 24 24						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y						
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 4 0 0 10 1 NONE						
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 # 6ELY50 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010 Veh Make FORD Veh Config. 2 20										
Operator GOLDEN CHRIS Last First Middle				Owner (Same as operator) Last First Middle										
Address 151 SARGENT ST				Address										
City NEWTON State MA Zip 02458				City State Zip										
Insurance Company USAA				Vehicle Action Prior to Crash 10 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				Event Sequence 1 22 22 22 22						
Citation # (If Issued)				Most Harmful Event 1 23				Most Harmful Event 1 23						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 13 24 24				Driver Contributing Code 13 24 24						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				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 4 4 0 0 10 1 NONE						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

151 Sargent St.

NOT TO SCALE

Unit 2

Unit 1

Indicate North by Arrow

Crash Narrative:

At approximately 0933HRS on Wednesday, March 02, 2022, I was dispatched to 151 Sargent St. for a report of a two car MVA.

Upon viewing the vehicles, I observed MV1 (MA Pass: 1HLE75) parked in front of 163 Sargent St. with damage to its passenger's side (fender, wheel/tire, front and rear doors). And I observed MV2 (MA Pass: 6ELY50) in the driveway of 151 Sargent St. with damage to its rear (tow hitch and bumper).

Upon speaking with the operators, both of whom reported no injuries, the operator of MV1 stated they were traveling Eastbound on Sargent St., when MV2 attempted to exit the aforementioned driveway and they two vehicles made contact. The operator of MV2 stated that as they exited said driveway, there was solar glare which came from not only the sun in their eyes, but from sun reflected off of an uninvolved vehicle which

(Continued on next page)

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 G HOWES 38804 NEWTON POLICE DEPART 03/02/2022

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

CDP1 11 -24:00

→ 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:

passed on the opposite side of the road. Being that they were unable to see MV1 approaching, MV2 continued to travel out of the driveway, backing up Southbound, when the two vehicles made contact.

Both operators exchanged information prior to my arrival. MV1 and its operator remained in a safe area on scene to await a tow from AAA and MV2 left under its own power. I cleared without further incident.

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 G HOWES

38804

NEWTON POLICE DEPART

03/02/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date