

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/16/2022		Time of Crash 10:23 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 _____				SOUTH 258 CONCORD STREET Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000224			4
1				License # _____ St MA DOB/Age _____		Reg # SN42DH		Reg Type PAS		Reg State MA		12	
4				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2014		Veh Make TOYOTA		Veh Config. 1 20		1	
1				Operator BLUMENTHAL JUNE Last First Middle		Owner (Same as operator)		Last First Middle					
1				Address 2 BEECHWOOD RD		Address _____		City _____		State _____ Zip _____			
5				City WELLESLEY State MA Zip 02482		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
6				Insurance Company PROGRESSIVE		Event Sequence 2 22 22 22 22		Most Harmful Event 2 23		Driver Contributing Code 19 24 9 24			
1				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Citation # (If Issued) _____		Underride/Override 25 Towed Y		8 7 6			
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
13				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						2	
1				Operator See Above		-----		---		1 4 99 0 0 10 1			
7				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 type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
8				License # _____ St _____ DOB/Age _____		Reg # 4GL510		Reg Type PAS		Reg State MA			
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year 2012		Veh Make HONDA		Veh Config. 1 20			
1				Operator _____ Last First Middle		Owner ALEXANDER TIMOTHY Last First Middle		Address 172 MINISTERIAL DR		City CONCORD State MA Zip 01742			
1				Address _____		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
1				City _____ State _____ Zip _____		Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 1 24			
1				Insurance Company COMMERCE INSURANCE		Underride/Override 25 Towed Y		8 7 6					
1				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 _____			
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							
1				Operator/Non-Motorist See Above		-----		---		1 4 99 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Concord St

NOT TO SCALE

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 MV 1 STATED SHE WAS TRAVELING SOUTH ON CONCORD ST WHEN SHE CAME DISTRACTED BY HER HAIR AND STRUCK A LEGALLY PARKED MV ON THE DRIVERS SIDE REAR TIRE. HEAVY DAMAGE SUSTAINED AND NO INJURIES WERE REPORTED. TODAY'S RESPONDED AND TOWED MV 1 TO THEIR LOT.

MV 2 WAS UNOCCUPIED AND PARKED LEGALLY DURING THE INNCCIDENT. HEAVY DAMAGE SUSTAINED AND TODYS TOWING TOWED MV 2 TO THEIR LOT AS WELL. THE OWNER WAS NOTIFIED OF THE ACCIDENT AND GIVEN THE ACCIDENT REPORT NUMBER.

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

MATTHEW W COLELLA

NEWTON POLICE DEPARTM

03/16/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date