

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 03/17/2022		Time of Crash 18:12 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 45 WESTBOURNE RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____																				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11							
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000225			3							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator VIEIRA KAROLLINE SOFIA Address 150 TREMONT ST City NEWTON State MA Zip 02458 Insurance Company LM GENERAL INS.				Reg # 3PET14 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12								
5				Please fill out for operator and all occupants involved								13								
6				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								
Operator				See Above																
7				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																
8				License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator THUMIM DANIEL Address 990 CENTRE ST City NEWTON State MA Zip 02459 Insurance Company STANDARD FIRE Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								Reg # 496CG3 Reg Type PAN Reg State MA Veh Year 2004 Veh Make CHEV Veh Config. 2 20 Owner THUMIM DANIEL J Address 990 CENTRE ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13
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Operator/Non-Motorist				See Above																

→ 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:

Operator of MV1 said her vehicle was parked in front of 45 Westbourne Rd since approximately 08:00hrs and she had not moved it. Operator of MV1 said when she attempted to leave at approximately 18:12hrs she observed that there was damage done to her driver side door and driver side quarter panel. Operator of MV1 observed a note on her windshield with a phone number to call regarding the accident. Operator of MV1 said after attempting to call the phone number numerous times she called the Newton Police to assist. I was able to contact the Operator of the second vehicle and speak to him regarding the accident. Operator of MV2 said he was backing out of the driveway of 40 Westbourne rd when he bumped into MV1. Operator of MV2 said he did not know who owned MV1 and left his phone number to speak with the owner of MV1. There was a small amount of damage done to the driver side door along with the driver side quarter panel of MV1 and no damage to MV2.

(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

PATRICK DALY NEWTON POLICE DEPARTM 03/17/2022
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date
 CDP1 11 -24:00

