

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/17/2022	Time of Crash 21:23 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 305 WATERTOWN STREET Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000226		
License # --- St MA DOB/Age ---			Reg # 1KNK97 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make SUBARU Veh Config. 1 20		
Operator GAFKEN AMAYA SABRINA Last First Middle			Owner HILDEBRANDT YVONNE Last First Middle			Address 323 WATERTOWN STREET			Address PO BOX 95201		
City NEWTON State MA Zip 02458			City NONANTUM State MA Zip 02458			Insurance Company LM GENERAL INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 22 23 24 24 25			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 2EVV85 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 1996 Veh Make HONDA Veh Config. 1 20		
Operator TRIBANDIS BRANDON Last First Middle			Owner (Same as operator) Last First Middle			Address 246 CALIFORNIA STREET			Address _____		
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____			Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPAN			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 23 24 24 25			Most Harmful Event 1 23			Driver Contributing Code 6 24 24		
Citation # (If Issued) T1448316			Underride/Override 25 Towed Y			Citation # (If Issued) _____			Citation # (If Issued) _____		
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____						Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB			Sex		
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 states she was traveling straight ahead, eastbound on Watertown Street when MV2 attempted to make an illegal U-turn. Operator of MV1 states she then struck the front left of MV2. Operator of MV2 states he made an illegal U-turn on Watertown Street when MV1 struck the front left of his vehicle.

MV1 sustained damage to the front right of the vehicle and MV2 sustained damage to the front left of the vehicle. MV1 and MV2 were both towed by Tody's Service Inc. Operator of MV1 had no injuries. Operator of MV2 was checked by medics on scene but denied medical attention.

Operator of MV2 was mailed a citation for his illegal U-turn.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
PEPI, ALLISON, M	2 (apt 2) SACRAMENTO PL CAMBRIDGE, MA 02138	-----	Y

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 DEPT      03/17/2022

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

CDP1 11 -24-00