Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
03/18/2022	00:21 24HR	NEWTON	1	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

LOCATION

AT INTERSECTION:

1 4 Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

2 1 Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

2 9 16 | WEST | 1255 | WASHINGTON ST
Route# | Direction | Address # | Name of Roadway/Street

2 10 ____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or ____ Exit Number

____ Feet [N S E W] of Route# | Intersecting Roadway/Street

2 11 ____ Feet [N S E W] of Landmark

3 6 ☒ Vehicle 1 | 2 | # Occupants | ☐ Hit/Run | ☐ Moped | Case Number 22000228

License # --- St MA DOB/Age -- -- ----
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

4 1 Operator BLEVINS (Last) PENGYWYNNE (First) P (Middle)
Address 78 SUMMER ST (apt. 3)
City ARLINGTON State MA Zip 02474
Insurance Company AMICA MUTUAL INSURANCE

5 Vehicle Travel Direction: [N S E ☒] Responding to Emergency? N
Citation # (If Issued) T1445557

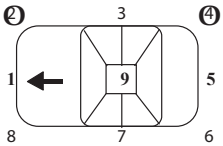
6 1 Violation 1: Ch 90/24/J Sec ____ Violation 2: Ch 90/24/E Sec ____
Violation 3: Ch 89/4A Sec ____ Violation 4: Ch ____ Sec ____

Reg # EV877J Reg Type PAN Reg State MA
Veh Year 2021 Veh Make SUBARU Veh Config. 1 20

1 12 Owner (Same as operator) (Last) (First) (Middle)
Address ____
City ____ State ____ Zip ____

Vehicle Action Prior to Crash 10 21
Event Sequence 40 22 97 22 22 22
Most Harmful Event 97 23
Driver Contributing Code 10 24 97 24
Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

13 97

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	See Above	- - - - - - - -	- - -	- - -	1	4	4	0	0	8	2	NEWTON WELLESLEY H
SIMEONE, AMANDA, JOY	15 BAYMEADOW DR NASHUA, NH 03063	-- -- ----	F	3	1	4	4	0	0	10	1	

7 1 Please Select One of the Following: ☐ Vehicle ___ # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # ____ St ____ DOB/Age ____
Sex ____ Lic. Class 18 18 Lic. Restrictions 19 CDL ____ Endorsment

8 1 Operator ____ (Last) (First) (Middle)
Address ____
City ____ State ____ Zip ____
Insurance Company ____

Vehicle Travel Direction: [N S E W] Responding to Emergency? ____
Citation # (If Issued) ____

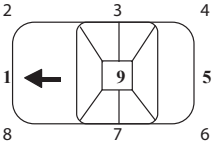
Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____
Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____

Reg # ____ Reg Type ____ Reg State ____
Veh Year ____ Veh Make ____ Veh Config. 20

Owner ____ (Last) (First) (Middle)
Address ____
City ____ State ____ Zip ____

Vehicle Action Prior to Crash 21
Event Sequence 22 22 22 22
Most Harmful Event 23
Driver Contributing Code 24 24
Underride/Override 25 Towed ____

Damaged Area Code: (Circle Up to Three)



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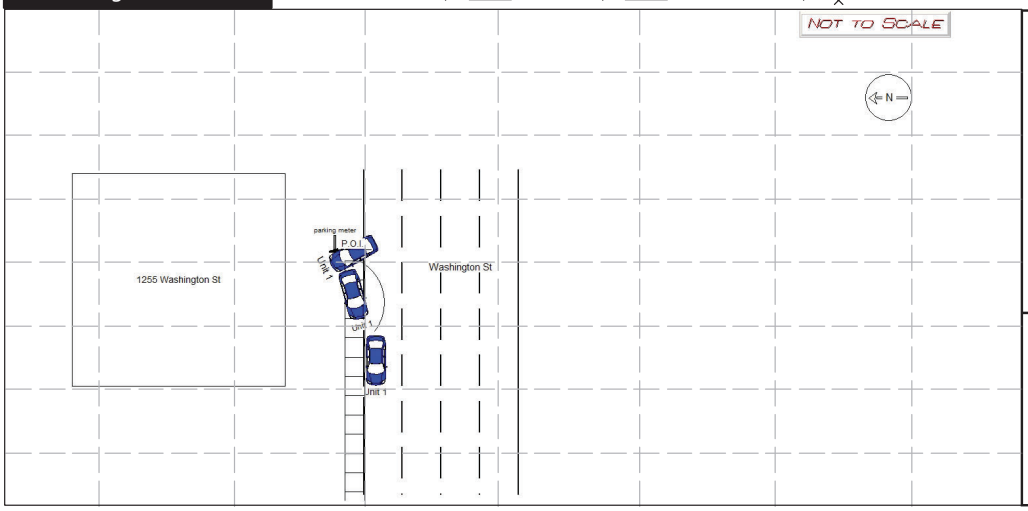
Please fill out for operator and all occupants involved — Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

MV 1 was backing out of her parking spot when she backed onto the sidewalk and into a parking meter. The operator of MV1 (Ms. Pengwynne Blevins) sustained a possible neck injury and was transported to Newton Wellesley Hospital. MV 1 was towed for being on the sidewalk and no driver was available to pick it up. MV 1 sustained minor damage to the right front and right rear (few scratches).

The passenger, Ms. Amanda Simeone, sustained no injuries and called an uber home.

Pengwynne was issued citation T1445557 for OUI, Negligent operation of a motor vehicle, and marked lane violation. An immediate threat has been filled out and faxed over to the RMV.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON, ,	1000 COMMONWEALTH AVE NEWTON,MASSACHUSETTS		3	PARKING METER

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]

DONALD MURPHY		NEWTON POLICE DEPARTM			03/18/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00