

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/19/2022	Time of Crash 15:53 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 835 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 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 22000235		
License # --- St MA DOB/Age ---			Reg # 1RGA35 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2019 Veh Make MINI COOPER Veh Config. 1 20		
Operator ROBINSON BART REED			Owner (Same as operator)			Address			12		
Address 12 LONGFELLOW RD			Address			City WELLESLEY HILLS State MA Zip 02481			City State Zip		
Insurance Company AMICA INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			5		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			10 Undercarriage		
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			11 Totalled		
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			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 1 1 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 # WFAINC Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2011 Veh Make TOYOTA Veh Config. 1 20		
Operator FREEDENFELD WARREN			Owner FREEDENFELD RAUHAUS AND ASSOCIATES			Address 97 BROADWAY ST			City BOSTON State MA Zip 02166		
Address 87 ATWOOD AVE			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)			5		
City NEWTON State MA Zip 02460			Event Sequence 1 22 1 22 22 2			Most Harmful Event 1 23			10 Undercarriage		
Insurance Company SAFETY INSURANCE			Driver Contributing Code 4 24 24			Underride/Override 25 Towed Y			11 Totalled		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Citation # (If Issued) T1445558			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			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    → Pedestrian

**Crash Diagram:**

835 Washington St

Washington St

**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:**

MV1 stated that they were traveling straight Westbound on Washington St when MV 2 attempted to either make a U turn or enter the traffic lane. MV 1 struck MV 2s front left end while MV 2 was attempting to make the turn. MV 1 sustained moderate damage to the center front and both front air bags were deployed. MV 1 was towed by Tody's due to it being disabled on a public way.

MV 2 was attempting to make a U turn or enter the left lane of traffic when MV 1 struck his front left side. The operator of MV 2 stated he wasn't sure if he wanted to make a U turn or change lanes into the left lane. The operator of MV 2 further stated he did not see MV 1 traveling straight when he attempted to make the turn. The operator of MV 2 (Mr. Warren Freedenfeld) was cited for MGL chapter 89/8 (fail to yield to oncoming traffic). MV 2 sustained major damage to the front left wheel rendering it disabled. MV 2 was

(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

**DONALD MURPHY**      **NEWTON POLICE DEPT**      **03/19/2022**

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

CDP1 11 -24:00

