

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/04/2022	Time of Crash 17:33 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 951 WALNUT ST 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 Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000271			
License # _____ St MA DOB/Age _____			Reg # 4VN552		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2014		Veh Make HONDA		Veh Config. <u>2</u> <u>20</u>			
Operator SARGENT JOCELYN Last First Middle			Owner (Same as operator)		First Middle					
Address 7 FARQUHAR RD			Address _____		First Middle					
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>2</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company LM GENERAL INSURANCE COMPANY			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2		3 4			
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1		10 Undercarriage			
Citation # (If Issued) _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		8		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		9		6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					7					
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 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # 234R		Reg Type PAR		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2014		Veh Make BMW		Veh Config. <u>1</u> <u>20</u>			
Operator MACNAIR DEBORAH J Last First Middle			Owner (Same as operator)		First Middle					
Address 151 CLARK ST			Address _____		First Middle					
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company SAFETY INSURANCE COMPANY			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2		3 4			
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>		1		10 Undercarriage			
Citation # (If Issued) _____			Driver Contributing Code <u>5</u> <u>24</u> <u>24</u>		8		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>		9		6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					7					
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			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Walnut St

Vehicle 1

Vehicle 2

951 Walnut 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

N

Crash Narrative:

Operator of vehicle 1 stated she was traveling southbound on Walnut St when she had to abruptly stop because there was a bus ahead of her that pulled over. When she stopped she was rear ended by vehicle 2, right in front of 951 Walnut St.

Operator 2 stated she was traveling southbound on Walnut St when vehicle 1 abruptly stopped and causing her to rear end vehicle 1

There was minor damage to the rear bumper of vehicle 1 and heavy front end damage to vehicle 2. Vehicle 2 was towed by Tody's towing. All parties involved declined medical attention.

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

ROBERT DRAGONE **NEWTON POLICE DEPT** **04/04/2022**

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

CDP1 11 -24:00