

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/07/2022		Time of Crash 21:13 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:					
<div>WEST NAHANTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH WINCHESTER ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000283							
License # --- St MA DOB/Age ---						Reg # 8DB146 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2021 Veh Make CHEVY Veh Config. 2 20							
Operator SMITH SUSAN						Owner SMITH ERICK							
Address 38 SOPER AVE						Address 38 SOPER AVE							
City WEYMOUTH State MA Zip 02188						City WEYMOUTH State MA Zip 02188							
Insurance Company COMMERCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 3 4							
Citation # (If Issued)						Most Harmful Event 1 23							
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved						13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						1							
Operator See Above						99 3 1 0 0 10 1							
SMITH, COLE 38 SOPER AVE WEYMOUTH, MA 02188						M 3 99 3 1 0 0 10 1							
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 # 6PK244 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2017 Veh Make JEEP Veh Config. 2 20							
Operator LOWNEY TARYN						Owner (Same as operator)							
Address 36 TRAILSIDE DR						Address							
City WALPOLE State MA Zip 02081						City State Zip							
Insurance Company COMMERCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N						Event Sequence 42 22 1 22 43 22 2 3 4							
Citation # (If Issued) T2014884						Most Harmful Event 1 23							
Violation 1: Ch 90/24/F Sec Violation 2: Ch 89/4A Sec						Driver Contributing Code 9 24 19 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved						13							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						1							
Operator/Non-Motorist See Above						99 3 1 0 2 8 2							
						BRIGHAM AND WOMEN							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Winchester St

Nahanton St

NOT TO SCALE

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 traveling west on Nahanton St. MV#2 was traveling east on Nahanton St, crossing over the intersection at Winchester St. MV#2 struck MV#1 in the west bound lane, rolled over sliding 30 to 40 feet down the road. MV#2 then flipped back over onto the tires, and came to rest on the side of the road. Operator of MV#1 stated that while she was traveling west on Nahanton St, she observed a motor vehicle coming at her. She stated that she attempted to swerve to the side of the street to avoid impact, but that the other vehicle struck her on the side, and rolled over on the roof. Operator of MV#2 stated that she was traveling east on Nahanton St, and that someone had struck her causing her not to be able to steer. She stated that her windshield crashed in, and that she was not able to control her car. She stated that she then came to rest on the side of the street.

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
NOTINGER, SPENCER,	13 HENRY ST BROOKLINE, MA 02445	-----	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

JOHN D BERGDORF      NEWTON POLICE DEPT      04/07/2022

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

CDP1 11 -24:00



♀ Pedestrian

[illegible]

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

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00