

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																							
Date of Crash 04/26/2022		Time of Crash 12:34 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:						9																		
1	1	SOUTH HIGHLAND ST											2																	
Route#		Direction		Name of Roadway/Street				Route#		Direction		Address #		Name of Roadway/Street		10														
				At																										
EAST		TEMPLE ST						Feet		N S E W		of		• or																
Route#		Direction		Name of Intersecting Roadway/Street								Mile Marker		Exit Number																
				Also at Intersection with				Feet		N S E W		of																		
Route#		Direction		Name of Intersecting Roadway/Street								Route#		Intersecting Roadway/Street		11														
														Landmark		2														
3	1	<input checked="" type="checkbox"/> Vehicle 1		1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number				22000342																
4	1	License #		---		St MA		DOB/Age		---		Reg # 6320CE		Reg Type PAN		Reg State MA		12												
Sex F		Lic. Class D 18 18		Lic. Restrictions 1 19		CDL		Veh Year 2017		Veh Make MAZDA		Veh Config. 1 20																		
Operator BRESLOUF		JENNIFER		Last First Middle		Owner (Same as operator)		Last First Middle		Address		Address																		
Address 390 CHERRY ST (apt. 1)						City NEWTON		State MA		Zip 02465		City		State		Zip														
Insurance Company SAFETY						Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)																						
Vehicle Travel Direction: N X E W		Responding to Emergency? N		Citation # (If Issued)		Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage		5 11 Totaled																		
Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec		Most Harmful Event 1 23		Driver Contributing Code 5 24 24		Underride/Override 25		Towed N																		
5	1	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		13
Operator		See Above		-----		---		---		1		4		4		0		0		10		1								
7	3	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										
8	2	License #		---		St MA		DOB/Age		---		Reg # K78083		Reg Type CON		Reg State MA		14												
Sex M		Lic. Class D 18 18		Lic. Restrictions 1 19		CDL		Veh Year 2013		Veh Make CHEVY		Veh Config. 2 20																		
Operator FRANCISCODEARA		GLAUBHERTH		Last First Middle		Owner NOGUEIRA		JOSE		Last First Middle		Address 75 (apt. 2) BELMONT ST		Address																
Address 36 PARK ST						City SAUGUS		State MA		Zip 01906		City EVERETT		State MA		Zip 02149														
Insurance Company SAFETY						Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)																						
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9	2	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		15
Operator/Non-Motorist		See Above		-----		---		---		1		4		4		0		0		10		1								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

Crash Diagram:

highland st

Unit 2

Unit 1

temple 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:

ON 4-26-22 AT APPROX. 1234HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF TEMPLE AND HIGHLAND ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING S-BOUND ON HIGHLAND ST. SHE STATES VEHICLE #2 ENTERED THE TRAFFIC LANE FROM TEMPLE ST. AND CUT HER OFF. SHE STARTED SHE STARTED BEEPING HER HORN REPEATEDLY AT WHICH POINT VEHICLE #2 STOPPED HIS VEHICLE ABRUPTLY AND SHE WAS UNABLE TO AVOID HITTING HIM. DRIVER STATES VEHICLE #2 STOPPED DELIBERATELY KNOWING SHE WOULD BE UNABLE TO AVOID HITTING HIM. DRIVER OF VEHICLE #2 STATES HE ENTERED HIGHLAND ST. FROM TEMPLE AND WAS TRAVELING S-BOUND. HE STATES VEHICLE #1 WAS BEEPING HER HORN REPEATEDLY. HE STATES HE STOPPED TO SEE IF THERE WERE A PROBLEM AT WHICH TIME VEHICLE #1 HIT HIS VEHICLE. VEHICLE #1 HAD MINOR FRONT END DAMAGE. VEHICLE #2 HAD MINOR REAR END DAMAGE. BOTH PARTIES REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. CLEARED

(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

THOMAS P WALSH

NEWTON POLICE DEPT

04/26/2022

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

CDP1 11 -24:00

