Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Other:
04/26/2022	13:33 24HR	NEWTON	2	0	30			☐	☒	☐	

LOCATION

AT INTERSECTION:

1 Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

9 EAST 1450 WASHINGTON ST

Route# Direction Address # Name of Roadway/Street

10 Feet N S E W of ___ ___ ___ • ___ or _____ Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

11 Feet N S E W of Landmark

3 ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 22000343

4 License # --- St MA DOB/Age -- -- ---- Reg # 2LY743 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20

Operator AUGUSTE ROSELETTE (Last First Middle)

Owner (Same as operator) (Last First Middle) 12

Address 5 STANDARD ST (apt. 5)

City MATTAPAN State MA Zip 02126

Insurance Company GREEN MOUNTAIN

5 Vehicle Travel Direction: N S ☒ W Responding to Emergency? N

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

6 Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Vehicle Action Prior to Crash 1 21

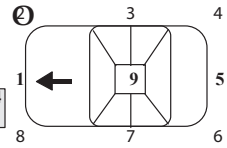
Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

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
Operator	See Above	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	

7 Please Select One of the Following: ☒ Vehicle 2 1 # Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

8 License # --- St MA DOB/Age -- -- ---- Reg # 6LJX90 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20

Operator SANDROCK ERICA (Last First Middle)

Owner (Same as operator) (Last First Middle)

Address 20 WEBSTER ST (apt. 510)

City BROOKLINE State MA Zip 02446

Insurance Company GEICO

Vehicle Travel Direction: N S ☒ W Responding to Emergency? N

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

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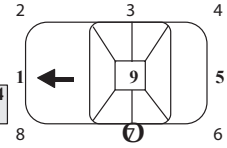

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11 Totaled

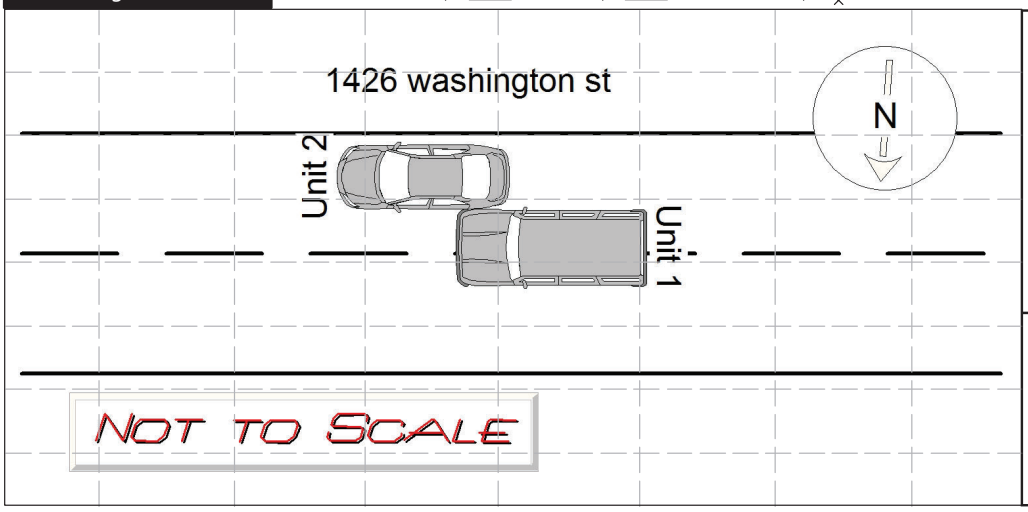
Please fill out for operator and all occupants involved

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:



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. 1333HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1426 WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND PREPARING TO GET ON THE MASS PIKE . SHE STATES VEHICLE #2 TRIED TO CUT IN FRONT OF HER AND WHILE DOING SO SIDESWIPED HER VEHICLE. DRIVER OF VEHICLE #2 STATES SHE WAS GOING E-BOUND AND WAS ALSO PREPARING TO GET ON THE PIKE WHEN VEHICLE #1 TRIED TO CUT IN FRONT OF HER AND SIDESWIPED HER VEHICLE. VEHICLE #1 HAD FRONT RIGHT QTR. PANEL DAMAGE. VEHICLE #2 HAD LEFT DRIVER SIDE SCRAPES. BOTH PARTIES REPORTED NO INJURIES. BOTH PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. DUE TO THE CONFLICTING STORIES AND THE MINOR DAMAGE OF EITHER VEHICLE I WAS UNABLE TO DETERMINE WHICH PARTY WAS AT FAULT FOR THE ACCIDENT. CLEARED WITHOUT FURTHER INCIDENT.

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 [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]

THOMAS P WALSH			NEWTON POLICE DEPARTM		04/26/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00