

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 04/27/2022		Time of Crash 10:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 20 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>11</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</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>29</div> <div>WEST 45 BEECHER TER</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>																																																																						
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<input checked="" type="checkbox"/> Vehicle 1 Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000346																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____</div> <div>Operator BERGERON ERIKA S</div> <div>Address 126 CONCORD ST</div> <div>City ASHLAND State MA Zip 01721</div> <div>Insurance Company PILGRIM INSURANCE</div> <div>Vehicle Travel Direction: N S E W Responding to Emergency? N</div> <div>Citation # (If Issued) _____</div> <div>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____</div> <div>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____</div>						<div>712</div> <div>Reg # 1XRH65 Reg Type PAN Reg State MA</div> <div>Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20</div> <div>Owner M&amp;M EXPRESS CLEANING SVC</div> <div>Address 94 (apt. B) FRONT ST</div> <div>City ASHLAND State MA Zip 01721</div> <div>Vehicle Action Prior to Crash 97 21 Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 35 22 22 22 22 2 3 4</div> <div>Most Harmful Event 35 23 1 9 10 Undercarriage</div> <div>Driver Contributing Code 99 24 24 5 11 Totaled</div> <div>Underride/Override 25 Towed Y 6</div>																																																																						
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

45 Beecher Ter.

Driveway

Fence

Retaining Wall

Beecher Ter.

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:**

The operator of MV#1 stated she accelerated once within the driveway of 45 Beecher Ter. causing her to collide into the front right corner of the home. It appears the vehicle then slid approx. 5-10 feet into the fence which runs adjacent to the driveway causing damage to both the fence and retaining wall. Damage observed to the front right corner of 45 Beecher Ter. MV#1 sustained heavy damage to its front end and was towed by its owner. No injuries reported. Homeowner of 45 Beecher Ter. on scene and took photographs of damage to his property.

**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

DANIEL SOHN

NEWTON POLICE DEPART

04/27/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date