

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/15/2022	Time of Crash 14:07 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:					
SOUTH DEDHAM ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____					Exit Number		
NAHANTON ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street								Landmark		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000405			
License # --- St SC DOB/Age ---			Reg # 4PZN61		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL			Veh Year 2020		Veh Make TOYOTA		Veh Config. 1 20			
Operator QUINN JAYNE FREEDMAN			Owner EAN HOLDINGS LLC EAN HOLDINGS							
Address 16 FAIRWAY DUNES LN			Address 14002 (apt. 1500) EAST 21ST ST							
City ISLE OF PALMS State SC Zip 29451			City TULSA State OK Zip 74134							
Insurance Company SAFECO INSURANCE			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4					
Citation # (If Issued)			Most Harmful Event 1 23		1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 18 24 24		5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		8 7 6					
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			-----		99 4 99 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 # 1X5189		Reg Type MCN		Reg State MA			
Sex M Lic. Class D 18 18 M Lic. Restrictions 1 19 CDL			Veh Year 2007		Veh Make HONDA		Veh Config. 3 20			
Operator DUMONT EMMANUEL A			Owner (Same as operator)							
Address 861 VFW PKWY			Address							
City W ROXBURY State MA Zip 02132			City		State Zip					
Insurance Company FARMERS			Vehicle Action Prior to Crash 3 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4					
Citation # (If Issued)			Most Harmful Event 1 23		1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		8 7 6					
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			-----		5 5 99 0 0 8 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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

North Arrow: A circle with an 'N' and an arrow pointing upwards.

Crash Narrative:

OPERATOR 1 OF MV1 WAS TURNING FROM NAHANTON ST ONTO DEDHAM ST (S/B) AND PULLED INTO THE LEFT (INSIDE) LANE AND WENT TO SWITCH LANES INTO THE RIGHT (OUTSIDE) LANE AND COLLIDED WITH MOTORCYCLE1. MINOR DAMAGE TO MV1.

MC1 WAS TURNING ONTO DEDHAM ST (S/B) FROM NAHANTON ST AND WAS IN THE RIGHT LANE. MV1 DID NOT SEE MC1 AND SIDESWIPE MC1. MC1 SLID THE MC TO THE GROUND. MINOR INJURIES TO OPERATOR2 OF MC1. OPERATOR2 WAS EVALUATED BY THE MEDICS AND REFUSED TRANSPORTATION. MINOR DAMAGE TO MC1.

NO TOWS NEEDED. NO CITATIONS ISSUED AT THIS TIME.

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 A MARCH **NEWTON POLICE DEPT** **05/15/2022**

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

CDP1 11 -24-00