

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 05/26/2022		Time of Crash 08:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	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>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>1445 COMMONWEALTH AVE.</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>																																																																						
						<div>210</div>																																																																						
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<div>3</div> <input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000451																																																																						
<div>41</div> <div>License # --- St MA DOB/Age ---</div> <div>Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____</div> <div>Operator HIGGINS LORRAINE T</div> <div>Address 89 NEEDHAM ST (apt. 2429)</div> <div>City NEWTON State MA Zip 02461</div> <div>Insurance Company LIBERTY MUTUAL INSURANCE</div>						<div>712</div> <div>Reg # 393HM3 Reg Type PAN Reg State MA</div> <div>Veh Year 2017 Veh Make BUICK Veh Config. 2 20</div> <div>Owner (Same as operator)</div> <div>Address _____</div> <div>City _____ State _____ Zip _____</div> <div>Vehicle Action Prior to Crash 1 21</div> <div>Event Sequence 23 22 20 22 22 22</div> <div>Most Harmful Event 23 23</div> <div>Driver Contributing Code 99 24 24</div> <div>Underride/Override 25 Towed N</div> <div><div>10 Undercarriage</div><div>5 11 Totaled</div><div>9</div><div>3 4</div><div>7 6</div><div>8</div><div>1</div></div>																																																																						
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→ 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:

approximately 20-25 mph, before it veered off the roadway and into the light poll. After colliding into the light poll MV#1 crossed over the double yellow line into oncoming traffic and hit the curb on the eastbound side of Commonwealth Ave.

Pictures of MV#1 and the Eversource light poll were taken on the N493 camera and submitted to the NPD IT bureau.

A Request for an Immediate Threat License Suspension/Revocation was faxed over to the Massachusetts RMV on behalf of the Operator of MV#1 due to the circumstances of this collision.

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

DANIEL SOHN

NEWTON POLICE DEPT.

05/26/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date