

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/14/2022	Time of Crash 17:46 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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><div>SOUTH</div><div>WALNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WATERTOWN ST</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>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or 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>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000526			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator BALURDI ALEXANDER J Address 7 ATHERTON RD City FOXBORO State MA Zip 02035 Insurance Company LIBERTY MUTUAL			Reg # NE68WD Reg Type PAS Reg State MA Veh Year 2013 Veh Make AUDI Veh Config. 1 20 Owner BALURDI IRIS Address 7 ATHERTON RD City FOXBORO State MA Zip 02035 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 9							
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										
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator BURGETT BREANNA N Address 57 STRATHMORE RD (apt. 1) City BOSTON State MA Zip 02135 Insurance Company GEICO			Reg # 1KGX93 Reg Type PAN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 9 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) T2080937 Violation 1: Ch 89 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled 9							
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										

Crash Narrative:
MV1 was stopped in traffic heading WESTBOUND at the Walnut St/Watertown St red light with a few cars in front of him. The eastbound side of Watertown St has one lane that becomes two about 100ft before the red light intersection for a left turn only lane. MV1 was in the rightmost lane planning to continue straight on Watertown St. MV2 was behind MV1 heading WESTBOUND as well and planning to turn left onto Walnut St but the turn only lane wasn't clear yet so MV2 went around MV1, over the double yellow line and into the turn only lane. MV2 sideswiped MV1. MV1 sustained damage to its driver's front side. MV2 sustained damage to its passenger rear side. No injuries and both vehicles were still operable. MV2 operator was issued in hand MV citation for Marked Lanes 89/4A.

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