

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/19/2022		Time of Crash 12:43 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:						9	
Route# Direction Name of Roadway/Street At				SOUTH 43 LINDEN ST		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		Feet N S E W of _____ Route# Intersecting Roadway/Street						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000544			4
4				License # --- St MA DOB/Age ---		Reg # 498B		Reg Type MVN		Reg State MA		12	
1				Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____		Veh Year 2020		Veh Make FORD		Veh Config. 2 20		3	
1				Operator SOLOMAN ALAN RICHARD		Owner NEWTON POLICE CITY OF		Last First Middle		Address 1321 WASHINGTON ST		13	
5				Address 1321 WASHINGTON ST		City NEWTON		State MA		Zip 02465		2	
6				City NEWTON State MA Zip 02465		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 2 22 22 22 22		13	
1				Insurance Company SELF INSURED		Most Harmful Event 2 23		Driver Contributing Code 20 24 24		Underride/Override 25 Towed N		2	
1				Vehicle Travel Direction: N X E W Responding to Emergency? N		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		13	
1				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		Age/DOB --- Sex --- 26 1 27 4 28 2 29 0 30 0 31 10 32 1 33 1		2	
7				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		13	
8				License # --- St DOB/Age ---		Reg # 31NF98		Reg Type PAN		Reg State MA		13	
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year 2014		Veh Make CHEVROLET		Veh Config. 1 20		2	
1				Operator _____		Owner LEFEVRE-DWYER MICHELE BRENDIA		Last First Middle		Address 43 LINDEN STREET		13	
1				Address _____		City NEWTON		State MA		Zip 02464		2	
1				City _____ State _____ Zip _____		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22		13	
1				Insurance Company GEICO		Most Harmful Event 1 23		Driver Contributing Code 1 24 1 24		Underride/Override 25 Towed N		2	
1				Vehicle Travel Direction: N X E W Responding to Emergency? N		Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		13	
1				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		Age/DOB --- Sex --- 26 --- 27 --- 28 --- 29 --- 30 --- 31 --- 32 --- 33 ---		2	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

was able to speak with her husband, DWYER Michael, and inform him of what happened. Officer Soloman gave him all the pertinent information that he would need. Pictures were taken of the damage to the motor vehicle and N-498 and forwarded to IT.

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

STEVEN DEMPSEY

NEWTON POLICE DEPART

06/19/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date