

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number											
Date of Crash 06/25/2022	Time of Crash 10:24 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 2	Speed Limit 35	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:										
<div><div>EAST</div><div>PLAYSTEAD RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>TREMONT 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 Mile Marker Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000563									
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator TANCHEVA SVETLANA Address 1695 COMM AVE City BOSTON State MA Zip 02135 Insurance Company GOVT EMPLOYEES INSURANCE Vehicle Travel Direction: N S 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				Reg # 3BS112 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled											
Please fill out for operator and all occupants involved				13											
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 --- 1 1 4 0 0 7 2											
Please Select One of the Following:				14											
<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants				<input type="checkbox"/> Non-Motorist A Type		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 1 19 CDL Operator CLARKE SABRINA L Address 101 MASHNEE RD City BOURNE State MA Zip 02043 Insurance Company PLYMOUTH ROCK Vehicle Travel Direction: N S 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				Reg # 9YG327 Reg Type PAN Reg State MA Veh Year 2005 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled											
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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 --- 1 1 4 0 0 9 2											

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

PLAYSTEAD ROAD

RICKER ROAD

TREMONT ST

Unit 1

Unit 2

P.O.I.

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

THE OPERATOR OF MV#1 STATED SHE WAS TRAVELING WEST-BOUND ON TREMONT STREET WHEN SHE WAS STRUCK BY MV#2. THE OPERATOR OF MV#2 STATED SHE WAS TRAVELING EAST-BOUND ON TREMONT STREET WHEN SHE ATTEMPTED TO TAKE A LEFT ONTO PLAYSTEAD ROAD WHEN SHE STRUCK MV#1. MV#2 HAD AIRBAG DEPLOYMENT. BOTH VEHICLES WERE TOWED BY TODYS TOWING AND BOTH OPERATOR'S WERE TRANSPORTED BY THE MEDICS.

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

MATTHEW C TOCCI **NEWTON POLICE DEPT** **06/25/2022**

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

CDP1 11 24:00