

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 06/25/2022	Time of Crash 17:18 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:							
EAST COMMONWEALTH AVE Route# Direction Name of Roadway/Street At NORTH CEDAR ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000567					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BYDA CHRISTINE Address 18 CHERITON RD (apt. 611) City W. ROXBURY State MA Zip 02132 Insurance Company COMMERANCE			Reg # 8GN462 Reg Type PAN Reg State MA Veh Year 2009 Veh Make TOY Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1									
Operator See Above												
LOMBARDI, ANN 18 CHERITON RD (apt 611) W. ROXBURY RD, MA 02132												
BRAGG, M. SANDRA 18 CHERITON RD (apt 611) W. ROXBURY RD, MA 02132												
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 1 19 CDL _____ Operator ADMALA SHILPA REDDY Address 125 PLEASANT ST (apt. 511) City BROOKLINE ST State MA Zip 02446 Insurance Company GEICO GENERAL			Reg # 8ZZ368 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HOND Veh Config. 2 20 Owner ADMALA NEVEEN REDDY Address 125 (apt. 511) PLEASANT ST City BROOKLINE ST State MA Zip 02446 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 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			1									
Operator/Non-Motorist See Above												
ADMALA, AARUSH 125 PLEASANT ST (apt 511) BROOKLINE, MA 02446												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Cedar St

Unit 1

Unit 2

Commonwealth ave

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:

MV 1 was traveling Northbound on Cedar St. MV 1 came to a stop at the stop sign and then proceeded onto Commonwealth ave to make a right hand turn and struck MV2.

MV2 was traveling Eastbound on Commonwealth ave when MV1 was attempting to take a right hand turn onto Commonwealth ave and struck MV1.

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

KATELYN MARY POHLMAN

NEWTON POLICE DEPART

06/25/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date