

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/29/2022		Time of Crash 07:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 50 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	
EAST BOYLSTON ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
NORTH WOODWARD ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
				Route# Intersecting Roadway/Street								4	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
Vehicle 1 1 #Occupants		Hit/Run		Moped		Case Number 22000585							
License # --- St MA DOB/Age ---				Reg # EV33GM Reg Type PAS Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2021 Veh Make TOYOTA Veh Config. 1 20									
Operator LYMAN KATHERINE STEVENS				Owner (Same as operator)								12	
Address 23 PIPER RD				Address									
City ACTON State MA Zip 01720				City State Zip									
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 9 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				99				4	
Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped													
License # --- St MA DOB/Age ---				Reg # M2927A Reg Type MVN Reg State MA									
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2019 Veh Make MACK Veh Config. 13 20									
Operator GLIDDEN CYRUS				Owner (Same as operator)									
Address 74 ELLIOT ST				Address									
City NEWTON State MA Zip 02459				City State Zip									
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 12 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				99				4	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Woodward St

Elliot St

Boylston St

MV#1

MV#2

← N →

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:

The operator of MV#1 stated she was stationary at the red traffic light on Boylston St eastbound in the middle travel lane when she was struck by MV#2. MV#1 sustained moderate damages to its rear driver's side bumper and driver's side mirror. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was travelling eastbound on Boylston St attempting to make a left turn onto Woodward St when the rear of his vehicle struck MV#1. MV#2 sustained minor non-visible damages to its rear passenger side wheel area. There were no reported injuries to the operator of MV#2. MV#2 is a City of Newton contracted vehicle (Forestry Division). Photographs were taken of the damages to both vehicles.

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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

06/29/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date