

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/29/2022	Time of Crash 14:20 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 2	Speed Limit 30 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:				
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street						9	
			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number						10	
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
3 Route# Direction Name of Intersecting Roadway/Street			Landmark							
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000587	
4 License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BAR-OR DANA Address RD232 OLD FARM RD City NEWTON State MA Zip 02459 Insurance Company COMMERCE			Reg # 5KWE20 Reg Type PAN Reg State MA Veh Year 2012 Veh Make ACURA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 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 Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled						12	
5 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 _____			6 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 ----- --- --- 99 4 99 0 0 10 1							
7 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
8 License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # _____ Reg Type _____ Reg State 20 Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled							
			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 ----- --- ---							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Operator of vehicle #1 stated he was travelling westbound on Dedham St. Operator #1 stated he observed an unknown vehicle make a left turn from Oak Hill St. onto Dedham St. eastbound. Operator #1 stated vehicle #2 was travelling Eastbound on Dedham St. and suddenly attempted to make a left turn onto Oak Hill St. in front of vehicle #1 and collided with vehicle #2. Operator of vehicle #2 stated he was travelling Westbound on Dedham St. and observed a white vehicle exit Oak Hill St. and make a left onto Dedham St. Operator #2 stated he then made a left turn onto Oak Hill St. and did not see vehicle #1. Vehicle #2 then collided with vehicle #1. Operator #3 stated she was stopped at the stop sign on Oak Hill St. and observed Vehicle #2 make a left turn from Dedham St. and collide with vehicle #1. Vehicle #2 then collided with vehicle #3. Operator of vehicle #3 stated that she observed vehicle #1 prior to the crash and stated vehicle #1 was driving too fast.

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

♀ Pedestrian

CDP1 11 -24:00