

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/12/2022		Time of Crash 09:43 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 1255 CENTRE ST		Route# Direction Address # Name of Roadway/Street						2 10	
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						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000621							
License # --- St MA DOB/Age ---				Reg # 34TS68 Reg Type PAN Reg State MA		Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Veh Year 2020 Veh Make HYUNDAI Veh Config. 1 20						12	
Operator GOWER WENDY L				Owner (Same as operator)		Address _____						1	
Address 54 HIGH ST				City NEWTON State MA Zip 02464		City _____ State _____ Zip _____							
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 1 22 22 22 2		Most Harmful Event 1 23							
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		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				-----		99 4 99 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 ---				Reg # EFF5204 Reg Type PAS Reg State NC		Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Veh Year 2003 Veh Make CADILLAC Veh Config. 2 20							
Operator JACKSON EVELYN				Owner JACKSON THOMAS		Address _____							
Address 15 LONG AVE (apt. 2)				City RALEIGH State NC Zip 27610		City _____ State _____ Zip _____							
Insurance Company ERIE INSURANCE				Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 1 22 22 22 2		Most Harmful Event 1 23							
Citation # (If Issued) _____				Driver Contributing Code 19 24 24		Underride/Override 25 Towed N							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		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/Non-Motorist See Above				-----		99 4 99 0 0 10 1							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre St    1255 Centre St

Unit 1    Unit 2

*NOT TO SCALE*

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#2 was parked on side of street in the area of 1255 Centre St S/B. #2 turned left to pull out of the space attempting a U-turn. Mv#1 was travelling straight ahead in the left lane on Centre St S/B. At this time, #2 driver's side front end struck Mv#1 passenger side. #1 and #2 sustained moderate damage to those areas. No injuries.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
PAINTER, KATHERINE,	312 NEWTONVILLE AVE NEWTON, MA 02460	-----	N

**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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	07/12/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date