

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/12/2022	Time of Crash 12:17 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 720 DEDHAM ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000622		
License # --- St MA DOB/Age ---			Reg # 4027XG Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2007 Veh Make CADILAC Veh Config. 1 20		
Operator WALSH ALLISON STELLA			Owner (Same as operator)			Address _____			1 12		
Address 231 SPIERS RD			Address _____			City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		
Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			5 1		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 24 24			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			6 1		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13 1		
Operator			See Above			Age/DOB Sex --- --- 99 4 4 0 0 10 1			Medical Facility		
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 # W79054 Reg Type CON Reg State MA			Sex M Lic. Class B 18 M 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2022 Veh Make FRHT Veh Config. 13 20		
Operator NIEZGODA II BRIAN ANTHONY			Owner (Same as operator)			Address _____			City LYNN State MA Zip 01901		
Address 589 ESSEX ST (apt. 302)			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 6 21		
Insurance Company SAFETY			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)			8 7 6		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			19 24 24			10 Undercarriage		
Citation # (If Issued) _____			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code					
Operator/Non-Motorist			See Above			Age/DOB Sex --- --- 99 4 4 0 0 10 1			Medical Facility		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

Nahanton St

Dedham St

MV#1

MV#2

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 travelling northbound on Dedham St in the right side travel lane when she was struck by MV#2 merging from the left travel lane. MV#1 sustained heavy damages to its rear driver's side area. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was travelling northbound on Dedham St in the left side travel lane attempting to merge onto the right side travel lane when he struck MV#1. The operator of MV#2 stated MV#1 was in his blind spot and he did not see it (MV#2 is a large commercial dump truck). MV#2 sustained minor non-visible damages to its passenger side front area. There were no reported injuries to the operator of MV#2.

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