

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/13/2022		Time of Crash 09:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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 275 CENTRE ST		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____						10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark						11		
1 1				3		1						4		
Vehicle 1 Occupants				Hit/Run		Moped		Case Number 22000624						
License # St MA DOB/Age				Reg # 2ZDM64 Reg Type PAS Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2009 Veh Make HONDA Veh Config. 1 20										
Operator GUIRAND NIRVA				Owner (Same as operator)								12		
Address 2 LEIGHTON ST (apt. 2)				Address								1		
City CAMBRIDGE State MA Zip 02141				City State Zip										
Insurance Company LIBERTY MUTUAL PERSONAL INS				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 22 22 22		2 3 4								
Citation # (If Issued)				Most Harmful Event 1 23		1 9 10 Undercarriage 5 11 Totaled								
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		8 7 6								
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N										
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				1 4 99 0 0 10 1										
7 1				Please Select One of the Following:		Vehicle Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped								
License # St DOB/Age				Reg # Reg Type Reg State										
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config. 20										
Operator				Owner										
Address				Address										
City State Zip				City State Zip										
Insurance Company				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22		2 3 4								
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Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed										
Please fill out for operator and all occupants involved														
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														
Operator/Non-Motorist See Above				1 4 99 0 0 10 1										

→ 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**

275 CENTRE ST

**Crash Narrative:**

OPERATOR OF MV 1 STATED TO ME THAT WHILE TRAVELING IN THE RIGHT LANE ON CENTRE ST NEAR STARBUCKS AND UNKNOWN LARGE 18 WHEEL TRUCK WAS IN THE LEFT LANE BESIDE HER, ENTERED HER LANE AND STRUCK HER VEHICLE ON THE REAR DRIVERS SIDE CAUSING DAMAGE AND PUSHING HER OUT OF HER LANE. THE TRUCK WHICH WAS POSSIBLY MAROON IN COLOR, NEVER STOPPED TO SWAP INFORMATION AND CONTINUED ONTO THE MASS PIKE WESTBOUND. THE OPERATOR STATED HER NECK HURT BUT REFUSED MEDICAL ATTENTION.

**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

MATTHEW W COLELLA

NEWTON POLICE DEPART

07/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date