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|---|--|--------------------------------|-------------------------------|---|--|---|---------------------|---|------------------------|---|--|--|---|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 07/14/2022 | | Time of Crash 01:31 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 _____ | | | | WEST 601 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | | | | | | 2 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ | | | | | | | | 10 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | Feet [N][S][E][W] of _____ Landmark _____ | | | | | | | | 11 | |
| 3 | | | | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000630 | | | 4 |
| License # _____ St MA DOB/Age _____ | | | | Reg # 2PSG54 | | Reg Type PAN | | Reg State MA | | 2 | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2020 | | Veh Make HONDA | | Veh Config. 1 20 | | 12 | | | |
| Operator HAMMETT PHYLISTHA Last First Middle | | | | Owner HONDA LEASE TRU Last First Middle | | Address 600 KELLY WAY | | City HOLYOKE State MA Zip 01040 | | 1 | | | |
| Address 83 BIRGHTON AVE (apt. B1) | | | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | Event Sequence 2 22 22 22 22 | | 13 | | | |
| City ALLSTON State MA Zip 02134 | | | | Most Harmful Event 2 23 | | Driver Contributing Code 19 24 24 | | Underride/Override 25 Towed N | | 2 | | | |
| Insurance Company LM GENERAL INSURANCE | | | | Citation # (If Issued) _____ | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | 13 | | | |
| Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N | | | | 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 See Above | | 2 | | | |
| 5 | | | | Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants | | <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | 13 | | | |
| License # _____ St _____ DOB/Age _____ | | | | Reg # 1ZXF1 | | Reg Type PAN | | Reg State MA | | 2 | | | |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | | Veh Year 2018 | | Veh Make JEEP | | Veh Config. 2 20 | | 12 | | | |
| Operator _____ Last First Middle | | | | Owner BUTLER CASEY Last First Middle | | Address 601 WASHINGTON ST | | City NEWTON State MA Zip 02458 | | 1 | | | |
| Address _____ | | | | Vehicle Action Prior to Crash 11 21 | | Damaged Area Code: (Circle Up to Three) | | Event Sequence 1 22 22 22 22 | | 13 | | | |
| City _____ State _____ Zip _____ | | | | Most Harmful Event 1 23 | | Driver Contributing Code 1 24 24 | | Underride/Override 25 Towed N | | 2 | | | |
| Insurance Company THE STANDARD FIRE INSURANCE COMPANY | | | | Citation # (If Issued) _____ | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | 13 | | | |
| Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N | | | | 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 | | 2 | | | |
| 5 | | | | 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 | | 2 | | | |

→ 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:

The operator of MV1 stated she was traveling west bound on Washington Street. As she was approaching Crafts Street, she struck MV2 that was parked on the side of the road on in front of 601 Washington Street. The operator stated she was not injured. MV1 had damage to the front passenger side and MV2 had damage to the rear driver side.

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

SEAN STAKE

NEWTON POLICE DEPART

07/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date