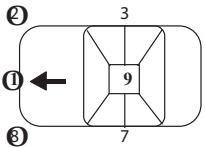
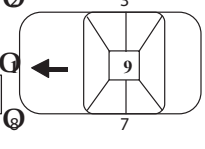


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/18/2022	Time of Crash 18:30 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
<b>LOWELL AVE</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
<b>WASHINGTON ST</b>			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number <u>22000647</u>			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>EV3775</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year <u>2010</u>		Veh Make <u>TOYOTA</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>LOWNEY</u> <u>KATHLEEN</u> <u>E</u>			Owner <u>(Same as operator)</u>							
Address <u>347 LOWELL AVE (apt. 2)</u>			Address _____							
City <u>NEWTONVILLE</u> State <u>MA</u> Zip <u>02460</u>			City _____ State _____ Zip _____							
Insurance Company <u>THE STANDARD FIRE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>16</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
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		99 4 99 0 0 9 2		NEWTON-WELLESLEY H			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>3DML85</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year <u>2012</u>		Veh Make <u>NISSAN</u>		Veh Config. <u>1</u> <u>20</u>			
Operator <u>DRUMOND</u> <u>RENATO</u> _____			Owner <u>(Same as operator)</u>							
Address <u>17 HICKORY LN</u>			Address _____							
City <u>N. READING</u> State <u>MA</u> Zip <u>01864</u>			City _____ State _____ Zip _____							
Insurance Company <u>PERMANENT GENERAL ASSURANCE CORP OF OI</u>			Vehicle Action Prior to Crash <u>2</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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		99 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

○

NOT TO SCALE

**Crash Narrative:**

Newton Police and Fire were dispatched to Lowell Ave. at Washington St. for a reported motor vehicle collision with minor injury. Upon arrival, Ofc. observed MV#1 stopped, facing northbound in the southbound lane of Lowell Ave. Damage was observed to MV#1's front bumper. The operator of MV#1 was still in the operator's position within the vehicle and was requesting medical attention for a medical emergency. Fire and Medical personal tended to the operator of MV#1 prior to transporting her to a local hospital. MV#2, which had been moved out of the roadway prior to officer arrival had heavy damage to its front end and needed to be removed by Tody's Tow service. The operator of MV#2 was not injured. Witness's to collision reported MV#1 "rolled" through intersection and collided "head on" with MV#2. MV#2 stated he was stopped, attempting to cross southbound through intersection, when he observed MV#1 proceed towards him, colliding "head on" into

(Continued on next page)

**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

DANIEL SOHN      NEWTON POLICE DEPARTM      07/18/2022

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00

➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian



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:

front of his vehicle.

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 \_\_\_\_\_

35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate \_\_\_\_\_

36

Cargo Body Type Code

Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

39

Hazmat Information:

Placa

Material 1 digit #

41	Material Name
----	---------------

Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code \_\_\_\_\_

Release code

DANIEL SOHN

NEWTON POLICE DEPARTMENT

07/18/2022

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Police Officer Name (Please Print)

Signature \_\_\_\_\_

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_