

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/20/2022		Time of Crash 11:08 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	
WEST AUSTIN ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
NORTH LOWELL AVE						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000662							
License # --- St MA DOB/Age ---				Reg # 95CS80		Reg Type PAS		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2004		Veh Make NISSAN		Veh Config. 2 20					
Operator PANDORF ROBERT C				Owner (Same as operator)									12
Address 139 WINCHESTER ST				Address									
City NEWTON State MA Zip 02461				City		State		Zip					
Insurance Company STATE FARM				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S 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		2		3		10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		1		2		3		5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		25		Towed N					
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	
Operator See Above				-----		---		1		4		99	
												30 Eject Code	
												31 Trap Code	
												32 Injury Status	
												33 Transp. Code	
												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 # RW17ER		Reg Type PAS		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 1999		Veh Make HONDA		Veh Config. 1 20					
Operator GUY JANET M				Owner (Same as operator)									
Address 163 LEXINGTON ST (apt. 23)				Address									
City NEWTON State MA Zip 02465				City		State		Zip					
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2		3		4			
Citation # (If Issued) _____				Most Harmful Event 1 23		1		2		3		10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		19		24		24		5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		25		Towed N					
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	
Operator/Non-Motorist See Above				-----		---		1		4		99	
												30 Eject Code	
												31 Trap Code	
												32 Injury Status	
												33 Transp. Code	
												Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

LOWELL AVE.

AUSTIN ST.

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:

MV1 stated that he was traveling northbound on Lowell Ave. when he was struck on the passenger side by a vehicle coming from Austin St. MV2 confirmed this and stated that she did not notice the stop sign as she approached the intersection of Austin St. and Lowell Ave. The involved parties exchanged information on site and requested an accident report.

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

BRANDON BAIA

NEWTON POLICE DEPT.

07/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date