

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/21/2022	Time of Crash 17:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> 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:					
SOUTH EDDY ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					
WEST WASHINGTON ST					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 22000668				
License # _____ St <u>NY</u> DOB/Age _____					Reg # <u>2HFW27</u> Reg Type <u>PAS</u> Reg State <u>MA</u>					
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____					Veh Year <u>2021</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>20</u>					
Operator <u>KOENIG-PLONSKIE SARAH</u> A _____					Owner <u>(Same as operator)</u> _____					
Address <u>961 WILLOUGHBY (apt. 5J)</u>					Address _____					
City <u>BROOKLYN</u> State <u>NY</u> Zip <u>11221</u>					City _____ State _____ Zip _____					
Insurance Company <u>BANKERS STANDARD INSURANCE</u>					Vehicle Action Prior to Crash <u>4</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> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) <u>T1448589</u>					Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled					
Violation 1: Ch <u>89/8</u> Sec _____ Violation 2: Ch <u>90/230</u> Sec _____					Driver Contributing Code <u>6</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>Y</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
Please fill out for operator and all occupants involved										
Name (Last First Middle) _____ Address _____					Age/DOB _____ Sex _____					
Operator _____ See Above					26 Seat Pos. <u>1</u> 27 Safety System <u>4</u> 28 Airbag Status <u>4</u> 29 Airbag Switch <u>0</u> 30 Eject Code <u>0</u> 31 Trap Code <u>10</u> 32 Injury Status <u>1</u> 33 Transp. Code _____ Medical Facility _____					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>2</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>NH</u> DOB/Age _____					Reg # <u>4797068</u> Reg Type <u>PAS</u> Reg State <u>NH</u>					
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____					Veh Year <u>2020</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>20</u>					
Operator <u>BROWN NELLY</u> V _____					Owner <u>(Same as operator)</u> _____					
Address <u>3 BELMONT CT</u>					Address _____					
City <u>BEDFORD</u> State <u>NH</u> Zip <u>03110</u>					City _____ State _____ Zip _____					
Insurance Company <u>STATE FARM</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" 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> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
Please fill out for operator and all occupants involved										
Name (Last First Middle) _____ Address _____					Age/DOB _____ Sex _____					
Operator/Non-Motorist _____ See Above					26 Seat Pos. <u>1</u> 27 Safety System <u>3</u> 28 Airbag Status <u>99</u> 29 Airbag Switch <u>0</u> 30 Eject Code <u>0</u> 31 Trap Code <u>10</u> 32 Injury Status <u>1</u> 33 Transp. Code _____ Medical Facility _____					
YOUNG, LARRY, F					18 KAREN RD NEWTON, MA 02468					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Eddy Street

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:

Veh #1 was turning left from Eddy Street on to Washington Street. Veh #2 was travelling straight ahead westbound on Washington Street. Veh #1 did not yield right of way to Veh #2 upon entering the roadway. Veh #1 struck Veh #2. There are no reported injuries, however, due to age passenger in Veh #2 was transported to NWH for evaluation.

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

PAUL F JR BOYLE

NEWTON POLICE DEPARTM

07/21/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date