

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/19/2019		Time of Crash 18:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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 _____				NORTH 167 CHERRY ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				200FT _____ Feet [X S E W] of _____ PLEASANT ST Route# _____ Intersecting Roadway/Street _____ ____ Feet [N S E W] of _____ Landmark _____								11 5	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000073							
License # _____ St MA DOB/Age _____				Reg # 63EP17 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____				Veh Year 2000 Veh Make ACURA Veh Config. 1 20									
Operator STANDFORD CARLOS Last First Middle				Owner (Same as operator) Last First Middle								12 1	
Address 48 CUTTER ST (apt. 2)				Address _____									
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____									
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [X S E W] Responding to Emergency? _____				Event Sequence 42 22 1 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6					
Please fill out for operator and all occupants involved												13 1	
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		-----		---		1 4 4 0 0 5 1			
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 # 9JX388 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019 Veh Make SUBARU Veh Config. 1 20									
Operator CANT JAMES R Last First Middle				Owner (Same as operator) Last First Middle									
Address 176 CHERRY ST				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N X E W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 9					
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		-----		---		1 4 4 0 0 5 1			

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AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet [N S E W] of _____			Route# _____ Intersecting Roadway/Street _____ _____ Feet [N S E W] of _____ Landmark _____				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000073	
License # _____ St MA DOB/Age _____			Reg # 93YE85 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 1997 Veh Make TOYOTA Veh Config. 1 20							
Operator KUNIHOLM MATTHEW Last First Middle			Owner KUNIHOLM JEFFREY Last First Middle							
Address 49 AVON ST			Address 155 ALDER ST							
City SOMERVILLE State MA Zip 02143			City WALTHAM State MA Zip 02453							
Insurance Company PREFERRED MUTUAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N X E W] Responding to Emergency? _____			Event Sequence 42 22 22 22 22			2 3 4				
Citation # (If Issued) T1440470			Most Harmful Event 51 23			1 9 10 Undercarriage				
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 7 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
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			-----							
Please Select One of the Following: <input type="checkbox"/> Vehicle 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 _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____							
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20							
Operator _____ Last First Middle			Owner _____ Last First Middle							
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				
Citation # (If Issued) _____			Most Harmful Event 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			8 7 6				
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			-----							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

MV1 (MA Reg: 63EP17, a 2000 Acura 32TL; operator: Carlos Standford) was traveling NORTH on Cherry St when a vehicle swirled into his lane head-on. In order to avoid MV3 he swirled into the other lane and side-swiped MV2.

MV2 (MA Reg: 9JX388, a 2019 Subaru Outback; operator: James Cant) was traveling SOUTH on Cherry St when he had come to a complete stop, put his left turn signal on to show him turning left into his driveway at 176 Cherry St. He was waiting to make his turn until MV1 had driven past so it was safe to do so. As he was at a complete stop, MV1 collided with his rear driver side bumper in an effort to avoid a head on collision with MV3.

MV3 (MA Reg: 93YE85; a 1997 Toyota Camry; operator Matthew Kuniholm) was traveling SOUTH on Cherry St

(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

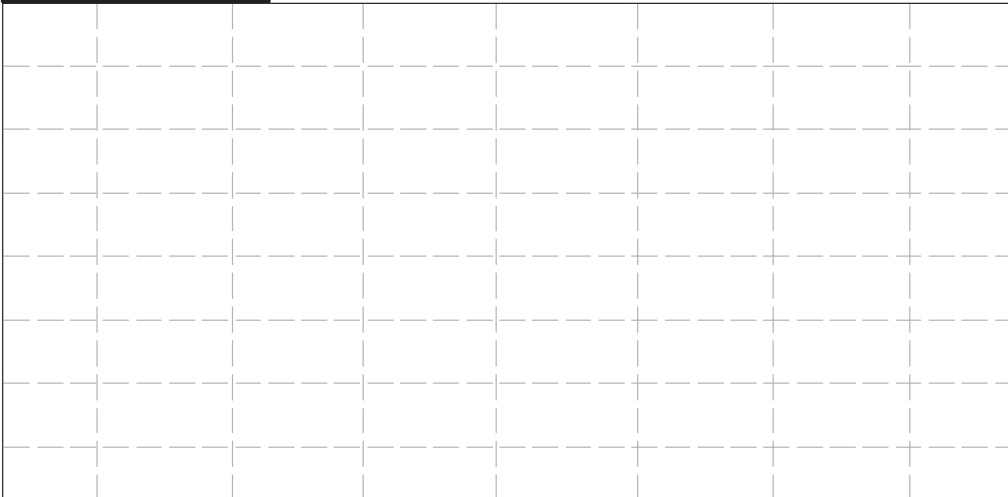
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

when he had seen MV2 at a complete stop with a turn signal. He didn't give himself enough time to stop, began to slide as he was braking and went over the marked lanes into oncoming traffic in an effort to not collide with MV2.

MV3 operator, Matthew Kuniholm, was issued in hand MA Uniform Citation T1440470 for Marked Lane Violation 89/9a.

All vehicles were still in driveable condition. MV1 had damage to the front driveside wheel fender and driver door. MV2 had slight damage to rear driver side bumper. MV3 did not have damage to his vehicle.

Weather was icy and there was an active snow fall during the time of the accident, which was 1815hrs.

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 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ALEX N KANE

38800

NEWTON POLICE DEPART

01/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date