

Police Use Only						Commonwealth of Massachusetts										RMV Document Number							
Date of Crash 02/01/2019		Time of Crash 17:55		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:											
SOUTH CRAFTS ST																							
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street											
At																							
NORTH ST																							
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Mile Marker Exit Number						Feet N S E W of Mile Marker Exit Number											
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 Route# Intersecting Roadway/Street											
												Landmark											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants						<input type="checkbox"/> Hit/Run						<input type="checkbox"/> Moped						Case Number 1900000131					
License # --- St CT DOB/Age ---						Reg # AP71750 Reg Type PC Reg State CT						Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment MARIE						Veh Year 2019 Veh Make HONDA Veh Config. 2 20					
Operator CELOTTO KAYLA Last First Middle						Owner (Same as operator) Last First Middle						Address 18 EVERGREENE City WALLINGFORD State CT Zip 06492						Address City State Zip					
Insurance Company PROGRESSIVE						Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N						Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					
Please fill out for operator and all occupants involved																							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																							
Operator See Above						SHUBERT, SAMANTHA 2087 BRICK SCHOOL HOUSE RD HILTON, NY 14468						NONE						NONE					
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 # 5DS654 Reg Type PAN Reg State MA						Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2009 Veh Make MAZDA Veh Config. 1 20					
Operator SSEMAKULA HILLARY Last First Middle						Owner (Same as operator) Last First Middle						Address 13 RIPLEY STREET City WALTHAM State MA Zip 02453						Address City State Zip					
Insurance Company GOVT EMPLOYEE INS						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)						Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N						Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																							
Operator/Non-Motorist See Above												NONE						NONE					

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AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:												
Route# Direction Name of Roadway/Street  At				Route# Direction Address # Name of Roadway/Street																
Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number																
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street							Landmark									
<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000131														
License # --- St MA DOB/Age ---				Reg # 3951 Reg Type PAR Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment				Veh Year 2017 Veh Make BUICK Veh Config. 2 20								
Operator REYNOLDS DONNA Last First Middle				Owner (Same as operator) Last First Middle				Address 68 TAYLOR STREET				Address								
City WALTHAM State MA Zip 02453				City State Zip				Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S X W Responding to Emergency?				Event Sequence 1 22 22 22 22				Most Harmful Event 1 23				Driver Contributing Code 5 24 24 Underride/Override 25 Towed N								
Citation # (If Issued)				Violation 1: Ch Sec Violation 2: Ch Sec				Violation 3: Ch Sec Violation 4: Ch Sec				Diagram: A diagram showing a vehicle's position relative to a road intersection. The vehicle is represented by a rectangle with a circle inside, labeled '9'. Arrows point from the vehicle towards the intersection. The diagram is surrounded by numbers 1 through 11, representing different areas of the vehicle and the surrounding environment.								
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 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 NONE																
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 Endorsment				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)								
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→ 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:**

On 02/01/2019, while assigned to N494, I, Officer Conary, responded to Crafts St at North Street for a three car MVA. Operator of MV1 stated that she was sitting at the red light on Craft Street at North Street when she saw it turn green and then felt MV2 hit MV1 rear. Operator of MV2 stated that he was sitting at the red light at the intersection when he began to move when the light turned green and then MV3 hit MV2 rear. MV2 stated when MV3 hit him, he then hit MV1. Operator of MV3 stated that she was at the intersection when she began to slowly move with traffic, her foot slipped off the break, and she hit MV2. Operator of MV3 stated that her foot was wet from walking in the snow. There was snow on the ground but not in the roadway. There was no visible damage to MV1 at this time. MV2 had damage to the rear bumper. MV3 had damage to the front bumper. All cars were able to be driven from scene. All parties were offered and declined medical

(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 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

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

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### 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:

attention. No further incident to report at this time.

### 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:

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Cargo Body Type Code 37 Gross Vehicle Weight 38

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#### Hazmat Information:

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

KRISTINA CONARY

NEWTON POLICE DEPART

02/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date