

[illegible]

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 02/26/2019	Time of Crash 18:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 0	Speed Limit 35 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:											
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street ____ Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number													
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			____ Feet N S E W of _____ Route# Intersecting Roadway/Street ____ Feet N S E W of _____ Landmark													
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 1900000217													
4 License # --- St MA DOB/Age -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator CRAIG JOANNE Address 32 BEACH RD City SHARON State MA Zip 02067 Insurance Company STANDARD FIRE INSURANCE			Reg # 283GK5 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 22 22 2 23 3 4 Most Harmful Event 1 23 1 24 24 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed N													
5 Vehicle Travel Direction: N S E X Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13													
6 Please fill out for operator and all occupants involved																
Operator			See Above		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	4	0	0	5	1		
7 Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 4 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					
8 License # --- St MA DOB/Age -- -- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator COHEN DANIEL Address 54 OAKWOOD RD City NEWTON State MA Zip 02460 Insurance Company LIBERTY MUTUAL INS			Reg # 4RA479 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 1 20 Owner KVIITNITSKY MARINA S Address 54 OAKWOOD RD City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 23 3 4 Most Harmful Event 1 23 1 24 24 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed N													
Please fill out for operator and all occupants involved																
Operator/Non-Motorist			See Above		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	3	0	0	5	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

○

**Crash Narrative:**

On 02/26/2019, at 1852 hrs, I responded to the intersection of Washington St and Walnut St for a four car MVA. Upon arrival, I observed all four vehicles in the inner westbound lane of Washington St. All four vehicles sustained damage from a chain reaction rear end accident caused by MV1 in the rear. MV1 sustained heavy front end damage and was towed by Tody's. MV2 and MV3 sustained damage to their front and rear ends. MV4 sustained damage to its rear end.

I spoke with the driver of MV1 who stated that he was distraught about family issues and looked away from the road before rear ending MV2. The other three drivers all stated that they were slowing or stopped at the red light when they were rear ended, corroborating the driver of MV1's statement. No injuries were reported and Cataldo received patient refusals.

**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