

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/16/2019	Time of Crash 14:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
CHERRY ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of or Exit Number							
WEBSTER ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of							
Also at Intersection with			Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000291			
License # --- St MA DOB/Age ---			Reg # N92327		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2011		Veh Make CHEVY		Veh Config. 2 20			
Operator CHRONCHIO JOSEPH			Owner VERIZON NEW ENGL							
Address 48 MONTANA DIR			Address 2200 WEST AIRFIELD DR							
City HOLDEN State MA Zip 01520			City DALLAS State TX Zip 75261							
Insurance Company NATIONAL FIRE INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24			
Citation # (If Issued)			Underride/Override 25 Towed N		Towed N		10 Undercarriage 5 11 Totaled			
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		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 99 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 # 1SHG21		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2010		Veh Make TOYOTA		Veh Config. 1 20			
Operator PEREZ RICHARD			Owner (Same as operator)							
Address 27 EDISON AVE			Address							
City DEDHAM State MA Zip 02026			City State Zip							
Insurance Company SAFETY INSURANCE			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 1 22 1 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 7 24 24			
Citation # (If Issued)			Underride/Override 25 Towed Y		Towed Y		10 Undercarriage 5 11 Totaled			
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		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 3 4 0 0 5 1					

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/16/2019	Time of Crash 14:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ 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 _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000291			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>587DT1</u>		Reg Type <u>PAN</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>2013</u>		Veh Make <u>FORD</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>LUNDWALL</u> <u>LISA</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>56 CIRCUIT AVE</u>			Address _____							
City <u>NEWTON</u> State <u>MA</u> Zip <u>02461</u>			City _____ State _____ Zip _____							
Insurance Company <u>COMMERCE INS</u>			Vehicle Action Prior to Crash <u>2</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? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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			-----		---		99 4 99 0 0 3 2 NEWTON WELLESLEY			
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator _____ Last First Middle			Owner _____ Last First Middle							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash <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 type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____							
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/Non-Motorist See Above			-----		---					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WEBSTER ST

CHERRY ST

V2

V3

V1

AFTER IMPACT V2 STRIKES V3

IMPACT AREA/ DAMAGE

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 the above date/time I responded to the area of Cherry Street and Webster Street for a three motor vehicle crash with injuries.

Upon arrival along with Sgt. Dempsey, Fire/medics. I spoke with the operator of vehicle one. He stated he was stopped on Webster Street facing westbound at the red traffic signal. He further stated the traffic signal on Webster Street turned green, he accelerated forward. He stated vehicle two traveled north on Cherry Street at a high rate of speed through the red traffic signal. He stated he had no reaction time due to the speed of vehicle two and had impact.

I spoke to the operator of vehicle two. He stated he was traveling north on Cherry Street going too fast, he stated he thought it was a school zone so he slowed down and he did not observe the color of the traffic

(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

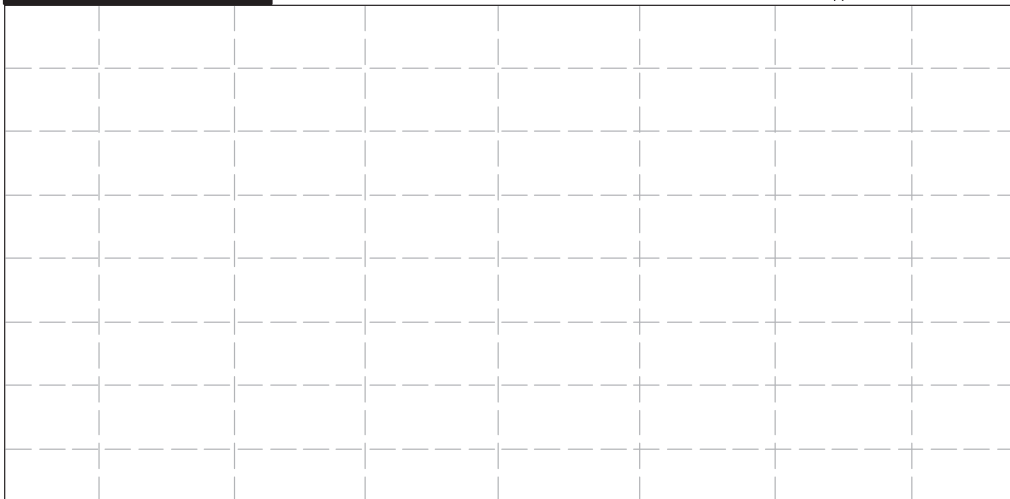
Hazmat Information:

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

signal. He stated he observed vehicle one come out of the Webster Street at the last second at impact.
I spoke with the operator of vehicle three. She stated only remembered being stopped on Cherry Street facing south. She stated she did not remember what color the traffic signal was, just knew she was stopped when she felt heavy impact from vehicle two.

Injuries:

Oper of V1 none at this time- patient refusal

Oper of V2 none at this time - patient refusal

Oper of V3 Head laceration and head trauma, transported to Newton- Wellesley Hospital

Tody's towing arrived on scene and towed vehicles two, three to their tow lot. All proper paper work was

(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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

03/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

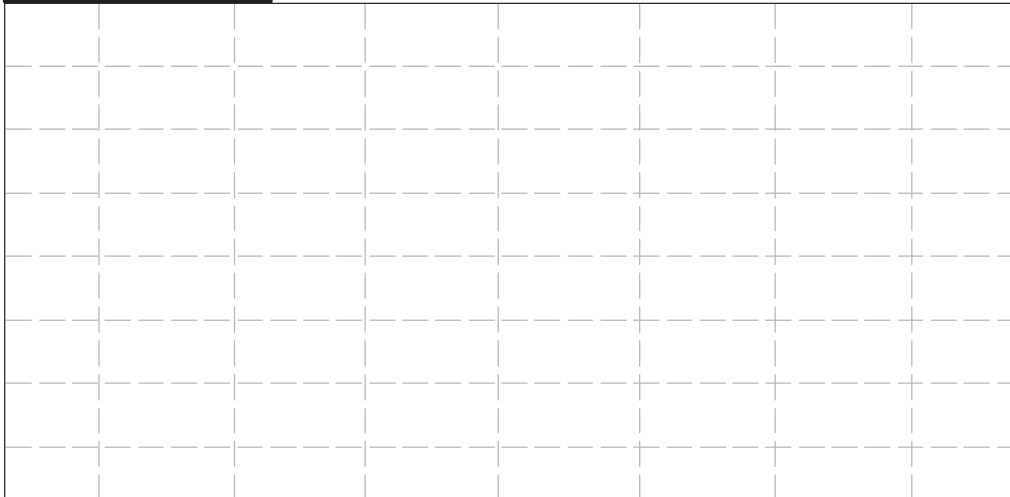
Precinct/Barracks

Date

→ 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:

done for a towed vehicle(s). All parties advised of the process.

After the vehicles were towed, and the scene was cleared I watched the cycling of the traffic signals in the intersection and observed they were functioning properly. It appears a this time based on statements and physical characteristics of the impact area on the roadway, that vehicle two went through the red light on Cherry Street, which caused the crash.

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

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13963

NEWTON POLICE DEPART

03/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date