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|---|--|--------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 03/21/2019 | | Time of Crash 15:06 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 3 | Number Injured 0 | Speed Limit 30 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 _____ | | | | WEST 1930 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N S E W] of _____ Landmark _____ | | | | | | | | 2 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | | | | | | | | 10 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | | 11 | |
| 2 | | | | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000308 | | | | | | | | 2 | |
| 3 | | | | | | | | | | | | | |
| License # _____ St MA DOB/Age _____ | | | | Reg # 28H970 Reg Type PAN Reg State MA | | | | 12 | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | | Veh Year 2000 Veh Make JEEP Veh Config. 2 20 | | | | | | | | | |
| Operator BOURGEOIS NATHAN JAMES | | | | Owner BELLIVEAU JESSICA | | | | 1 | | | | | |
| Address 128 WOODLAND SOUTH | | | | Address 22 POND STREET | | | | | | | | | |
| City LYNN State MA Zip 01904 | | | | City STONEHAM State MA Zip 02180 | | | | | | | | | |
| Insurance Company SAFETY INS | | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| 5 1 Vehicle Travel Direction: [N S 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 19 24 24 | | | | 5 11 Totaled | | | | | |
| 6 1 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 6 | | | | | |
| 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 | | | | | | | | 1 | | | | | |
| Operator See Above | | | | 99 4 99 0 0 5 1 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| 7 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 # 6DK781 Reg Type PAN Reg State MA | | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ | | | | Veh Year 2017 Veh Make TOYT Veh Config. 2 20 | | | | | | | | | |
| Operator MCKENNA ERIC THOMAS | | | | Owner (Same as operator) | | | | | | | | | |
| Address 7 TRURO LN | | | | Address _____ | | | | | | | | | |
| City MILTON State MA Zip 02186 | | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company COMMERCE INS | | | | Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ | | | | Event Sequence 1 22 1 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 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | 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 | | | | 99 4 99 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 190000308 | |
| License # _____ St MA DOB/Age _____ | | | Reg # 3MD799 | | | Reg Type PAN | | | Reg State MA | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2013 | | | Veh Make FORD | | | Veh Config. 20 | |
| Operator BARKER KRISTINE | | | Owner (Same as operator) | | | | | | | |
| Address 6 LEWIS STREET | | | Address _____ | | | | | | | |
| City LICOLN State MA Zip 01773 | | | City _____ State _____ Zip _____ | | | | | | | |
| Insurance Company ELECTRIC INS | | | Vehicle Action Prior to Crash 2 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 | | | 2 3 4 | | | 10 Undercarriage | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | | 1 9 | | | 11 Totaled | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 1 24 24 | | | 8 7 6 | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed N | | | | | | | |
| 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 4 0 0 5 1 | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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 _____ | | | Owner _____ | | | | | | | |
| 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 | | | 10 Undercarriage | |
| Citation # (If Issued) _____ | | | Most Harmful Event 23 | | | 1 9 | | | 11 Totaled | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 24 24 | | | 8 7 6 | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed _____ | | | | | | | |
| 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 | | | ----- | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

Unit 1

Unit 2

Unit 3

P.O.I.

P.O.I.

NOT TO SCALE

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:

The operator of vehicle number 1 stated he was unable to brake in time to stop his vehicle from colliding with vehicle number 2 which was stopped in traffic. Vehicle number 1 struck the rear of vehicle number 2

The operator of vehicle number 2 stated he was stopped at the red light (just past woodland golf club), when he was rear ended by vehicle number 1. After being rear ended by vehicle number 1, vehicle number 2 was pushed into vehicle number 3.

The operator of vehicle number 3 stated she was stopped at a red light when she was struck in the rear by vehicle number 2.

vehicle number 1 sustained minor front end damage

vehicle number 2 sustained moderate rear and damage and minor front end damage

(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

♀ Pedestrian

[illegible]

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| | | | |
| | | | |

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
| | | | | |
| | | | | |

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CDP1 11 -24:00