

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash **04/08/2019** Time of Crash **16:20** City/Town **NEWTON**
24HR

Number Vehicles **3** Number Injured **2** Speed Limit **35**
Latitude _____ Longitude _____

State Police
Local Police
MBTA Police
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

30 WEST COMMONWEALTH AVE
Route# Direction Name of Roadway/Street
At
SOUTH PAMELA CT
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with
Route# Direction Name of Intersecting Roadway/Street

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

Vehicle 1 **1** #Occupants Hit/Run Moped Case Number **190000352**

License # --- St **MA** DOB/Age --- Reg # **71GL56** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 18 18** Lic. Restrictions **Z 19** CDL _____ Veh Year **2011** Veh Make **TOYOTA** Veh Config. **1 20**
Operator **BRACKEN APRIL** Owner **BRACKEN WILLIAM O**
Address **28 GAMBIER ST** Address **28 GANBEIR ST**
City **AUBURNDALE** State **MA** Zip **02466** City **NEWTON** State **MA** Zip **02466**

Insurance Company **COMMERCE INSURANCE** 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** **2** **3** **4**
Citation # (If Issued) **T1442313** Most Harmful Event **1 23** **1** **9** **5** **11** Totalled
Violation 1: Ch **90/23C** Sec _____ Violation 2: Ch **90/23E** Sec _____
Driver Contributing Code **3 24 10 24** **1** **9** **5** **11** Totalled
Violation 3: Ch **90/24E** Sec _____ Violation 4: Ch **89/4A** Sec _____
Underride/Override **25** Towed **Y**

Please fill out for operator and all occupants involved		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	1	1	0	0	9	2	NEWTON WELLESLEY

Please Select One of the Following: Vehicle 2 **1** #Occupants Non-Motorist A Type **14** Action **15** Location **16** Condition **17** Hit/Run Moped

License # --- St **MA** DOB/Age --- Reg # **33TG01** Reg Type **PAN** Reg State **MA**
Sex **F** Lic. Class **D 18 18** Lic. Restrictions **I 19** CDL _____ Veh Year **2004** Veh Make **LEXUS** Veh Config. **2 20**
Operator **COX EMILY A** Owner **COX LORETTA L**
Address **15 PAMELA CT** Address **15 PAMELA CT**
City **NEWTON** State **MA** Zip **02466** City **NEWTON** State **MA** Zip **02466**

Insurance Company **QUINCY MUTUAL FIRE** Vehicle Action Prior to Crash **4 21** Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S W Responding to Emergency? _____
Event Sequence **1 22 22 22 22** **2** **3** **4**
Citation # (If Issued) _____ Most Harmful Event **1 23** **1** **9** **5** **11** Totalled
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____
Driver Contributing Code **1 24 24** **1** **9** **5** **11** Totalled
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____
Underride/Override **25** Towed **Y**

Please fill out for operator and all occupants involved		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	1	1	0	0	9	97	NEWTON WELLESLEY

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 04/08/2019, Time of Crash 16:20, City/Town NEWTON

Motor Vehicle Crash Police Report

Number Vehicles 3, Number Injured 2, Speed Limit 35, State Police Local Police MBTA Police Other: X

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number

Vehicle 3 Occupants, Hit/Run, Moped, Case Number 190000352

License #, Reg # 3LA272, Reg Type PAN, Reg State MA, Sex M, Lic. Class D 18 18, Veh Year 2017, Veh Make CHEVROLET, Veh Config 2 20

Operator PINE JR JAMES, Owner PINE DONNA, Address 50 STANIFORD ST, City NEWTON, State MA, Zip 02466

Vehicle Travel Direction: N S E W, Event Sequence, Most Harmful Event, Driver Contributing Code, Underride/Override

Please Select One of the Following: Vehicle # Occupants, Non-Motorist A Type, Action, Location, Condition, Hit/Run, Moped

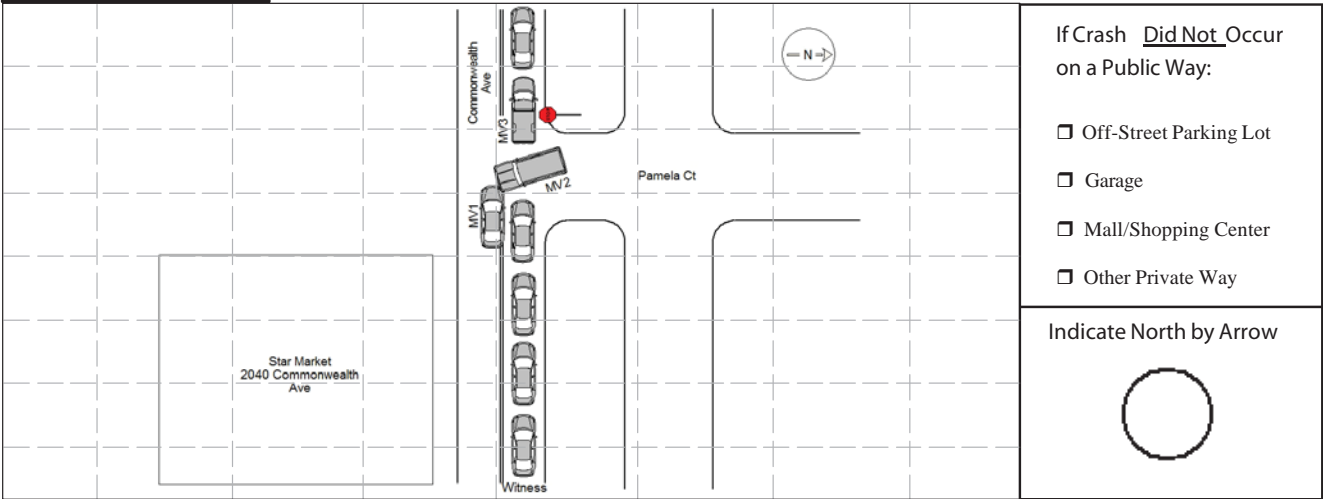
Operator/Non-Motorist section with license, registration, and vehicle details.

Table with columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



Crash Narrative:

On 04/08/2019, at 1620 hrs, I responded to the area of 2040 Commonwealth Ave for a three car MVA with injuries. Upon arrival, I observed all three vehicles facing westbound on Commonwealth Ave. MV1 had heavy front end damage and airbag deployment. MV2 also had heavy front end damage and airbag deployment. MV3 had minor rear end damage. The operator of MV1 was brought to Newton Wellesley Hospital by Cataldo medics. The operator of MV2 stated she was on Pamela Ct attempting to take a left onto Commonwealth Ave. There was heavy traffic headed westbound and a vehicle stopped to let MV2 go. As MV2 was taking a left onto Commonwealth Ave, MV1 was traveling westbound in the eastbound lane around traffic and struck MV2. MV2 then in turn struck MV3s rear end. The operator of MV3 stated that he wasn't sure what occurred because the accident was behind him.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MCGUIRE, KATHERINE, L	57 ROWE ST NEWTON, MA 02466	-----	Y
MCGUIRE, WAYNE, H	57 ROWE ST NEWTON, MA 02466	-----	Y

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

ALEXANDER C SPINNEY

24734

NEWTON POLICE DEPART

04/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

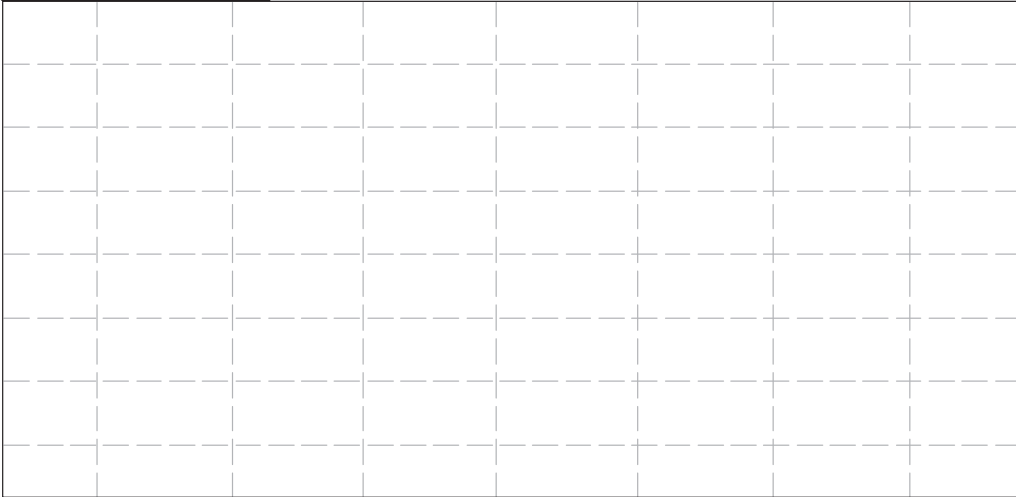
Department

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:

The operator of MV1 stated she was traveling westbound on Commonwealth Ave and was planning on taking a left into the Star Market parking lot which was approximately 250 feet down the street. She stated she thought there were two lanes in the westbound direction at that point in the roadway. MV2 then pulled out in front of her and they collided.

Two witnesses who were traveling westbound in traffic a few vehicles behind MV3 both stated that MV1 drove erratically into the oncoming lane and around traffic heading westbound. One witness stated "the car was almost completely in the opposite lane" and the other witness agreed. A moment later they stated they heard the crash but did not see it. They also stated that she almost crashed into a car turning eastbound out of the Star Market exit prior to the accident.

(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

ALEXANDER C SPINNEY

24734

NEWTON POLICE DEPART

04/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #


Department

Precinct/Barracks

Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☉ Pedestrian

Crash Diagram: ie: → 1 → 2 → ☉

	<p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
<p>Indicate North by Arrow</p> <div style="text-align: center; margin-top: 10px;">  </div>	

Crash Narrative:

MV1 and MV2 were towed from the scene by Tody's. The operator of MV2 was brought to Newton Wellesley Hospital by her mother. The operator of MV1 was cited for C90 S23 operating after revoked license, C90 S23 operating after revoked registration, C90 S24 operating to endanger, and C89 S4a marked lanes violation. All aforementioned streets are public ways maintained by the City of Newton.

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