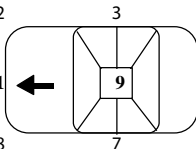
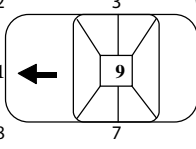
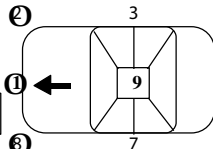
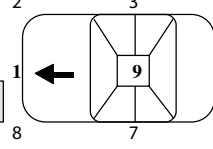


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/25/2019	Time of Crash 16:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
WEST ALLERTON RD Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH CENTRE ST 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 _____							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000536			
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BOENISCH MARK J Address 31 CARL ST City NEWTON State MA Zip 02461 Insurance Company GEICO			Reg # NE64LR Reg Type PAN Reg State MA Veh Year 2016 Veh Make SUBA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled							
Vehicle Travel Direction: N X E W Responding to Emergency? _____ 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. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility										
Operator See Above										
PACHECO, LUCIA 33 AUBURN AVE SOMERVILLE, MA 02129										
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 _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CHAN TONY Address 1230 WALNUT ST City NEWTON State MA Zip 02459 Insurance Company METROPOLITAN PROP			Reg # 822LS7 Reg Type PAN Reg State MA Veh Year 2002 Veh Make TOYT Veh Config. 1 20 Owner CHAN PATRICIA C Address 1230 WALNUT ST City NEWTON State MA Zip 02461 Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three)  10 Undercarriage 11 Totaled							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Operator of MV1 stated he was traveling southbound on Centre Street and came to a stop to allow three pedestrians and a dog to cross at the crosswalk at Allerton Rd. Operator of MV2 stated he observed MV1 stopping to allow people to cross and he came to a complete stop as well. Operator of MV3 stated she did not see MV2 stopped and did not see his brake lights on. MV1 said that when the pedestrians were about three quarters of the way crossed, he heard a loud crashed and saw MV2 swerve into the on coming traffic lane. MV2 made slight contact with the rear of MV1 causing scratches to the rear left bumper. MV2 said MV3 struck him from behind causing him to push forward. He swerved into the on coming lane to avoid hitting MV1. He continued to turn to the left in order to avoid the pedestrians that were still crossing. No contact was made with them. Newton Fire Engine 3 and Cataldo PB3 responded. MV2 was towed by David Donahue from Todys Towing.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
DENTON , ALEXANDER,	373 COMMONWEALTH AVE NEWTON,MA 02467	-----	N
DENTON , BARBARA,	373 COMMONWEALTH AVE CHESTNUT HILL,MA 02467	-----	N

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
 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:

It sustained major rear end damage. The operator of MV2 was evaluated by Cataldo PB3 and signed a patient refusal. MV3 was towed by Bobby Donahue from Todys Towing. It sustained heavy front end damage, front air bag deployment and a small spill from the engine block. Operator of MV3 was evaluated and transported to NWH by PB3 for minor injuries.

The three pedestrians witnessed the accident. All three stated that MV1 stopped to allow them to cross and they saw MV2 also come to a complete stop. MV3 struck MV2 from the rear causing him to swerve into the on coming lane to avoid hitting MV1 and them.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DENTON , LILY,	373 COMMONWEALTH AVE NEWTON,MA 02465	-----	N

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