

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/01/2019	Time of Crash 12:12 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 284 PARKER ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet N S E W of _____ 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 1900000563			
License # ____ St MA DOB/Age ____			Reg # 47XB99		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Veh Year 2011		Veh Make TOYT		Veh Config. 1 20			
Operator MALDONADO CHRISTIAN Last First Middle			Owner MALDONADO AMY Last First Middle							
Address 14 LINCOLN RD			Address 14 LINCOLN RD							
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458							
Insurance Company COMMRECE			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22							
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			-----		--- 99		4 4		0 0 10 1	
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #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 # 5639VY		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make FORD		Veh Config. 1 20			
Operator WILLIAMSON EMILY Last First Middle			Owner KATZ BERNARD Last First Middle							
Address 45 HILLTOP ST (apt. 2)			Address 22 ROSALIE RD							
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02459							
Insurance Company UNITED SERVICES			Vehicle Action Prior to Crash 2 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							
Citation # (If Issued) _____			Most Harmful Event 1 23							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
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		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/Non-Motorist See Above			-----		--- 99		4 4		0 0 10 1	
KATZ, ALEXANDRA, WILLIAMSON			45 HILLTOP DRIVE NEWTON, MA 02458		--- F 3		1 4 4		0 0 10 1	

[illegible]

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

PARKER STREET

Unit 1 Unit 2 Unit 3

284 PARKER STREET

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of vehicle 1 stated he was traveling North on Parker Street when he began to brake and slow down due to traffic stopped ahead of him. His brakes started pulsing and he lost control of the vehicle and could not stop. This caused him to crash into vehicle 2 which was stopped in traffic and then caused vehicle 2 to crash into the rear of vehicle 3. This caused moderate damage to vehicle 1 which had to be towed. It caused major damage to vehicle 2 however due to the location of the damage it was able to be driven away, and minor damage to the rear of vehicle 3 which was also able to be driven away.

The operator of vehicle 2 stated she was sitting in traffic on Parker Street when vehicle 1 rear ended her, causing her to then rear end vehicle 3.

The operator of vehicle 3 stated he was sitting in traffic on Parker Street when vehicle 2 rear ended him.

(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

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 vehicle 3 stated he had minor neck pain and was evaluated by Cataldo medics and signed a patient refusal.

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

THOMAS BANNON

NEWTON POLICE DEPART

06/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date