

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/11/2019	Time of Crash 16:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 0	Speed Limit <u>35</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:					
SOUTH BROADWAY Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST WATERTOWN 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 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ 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 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000714			
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>ITOTIA</u> <u>RAHAB</u> <u>W</u> Owner <u>(Same as operator)</u> Address <u>21 FERARRO ST</u> Address _____ City <u>WORCESTER</u> State <u>MA</u> Zip <u>01604</u> City _____ State _____ Zip _____ Insurance Company <u>SAFETY</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Reg # <u>64YS3</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>2</u> <u>20</u> Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>21</u> <u>24</u> <u>19</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>Y</u>							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> 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			Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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							
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 ----- --- 1 1 99 0 0 10 1							
Operator										
Operator										
Operator										
Operator										
Please fill out for operator and all occupants involved			Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>JOHNSON</u> <u>CHRISTOPHER</u> Owner <u>(Same as operator)</u> Address <u>298 MT AUBURN ST (apt. 2)</u> Address _____ City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472</u> City _____ State _____ Zip _____ Insurance Company <u>GOVT EMPLOYEE</u> Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Reg # <u>23DN13</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> <u>20</u> Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>							
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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 ----- --- 1 4 99 0 0 10 1							
Operator/Non-Motorist										
Operator/Non-Motorist										
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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				_____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000714					3
License # _____ St MA DOB/Age _____				Reg # 7KVV10				Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007				Veh Make MERCURY		Veh Config. 1 20			
Operator STARK LAUREN				Owner (Same as operator)								12	
Address 351 N MAIN ST (apt. 1)				Address _____									
City SHARON State MA Zip 02067				City _____ State _____ Zip _____									
Insurance Company COMMERCE				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									
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				26 27 28 29 30 31 32 33								13	
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													
METZ, HARRISON 351 N MAIN ST (apt 1) SHARON, MA 02067													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 4 #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 # 1DH626				Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012				Veh Make HONDA		Veh Config. 2 20			
Operator PATRON KRISTEN				Owner (Same as operator)									
Address 12 KNOLLWOOD RD				Address _____									
City MEDFIELD State MA Zip 02052				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEE				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									
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				26 27 28 29 30 31 32 33									
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													
PARTON, CHARLIE 12 KNOLLWOOD RD MEDFIELD, MA 02052													
PARTON, VIRGINIA 12 KNOLLWOOD RD MEDFIELD, MA 02052													
PARTON, EDWARD 12 KNOLLWOOD RD MEDFIELD, MA 02052													

→ 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:

MV1 stated she "was working all day and closed her eyes for a moment" subsequently rear ending MV2 which was stopped in traffic. MV1 sustained heavy front end damage and was removed from the scene by Tody's.

MV2 stated he was stopped and he could see MV1 "in my rear view mirror coming up fast without hitting the brakes" subsequently rear ending his vehicle. MV2 was then pushed forward striking MV3. MV2 sustained minor front and rear end damage.

MV3 stated she was at a stop and was rear ended by MV2 and as a result she rear ended MV4. MV3 sustained minor front and rear end damage.

MV4 confirmed that she was stopped at the light and was rear ended by MV3. MV4 sustained minor rear end damage.

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

GREGORY P HELMS **NEWTON POLICE DEPT** **07/11/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00