

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/29/2019	Time of Crash 11:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			NORTH 138 NEEDHAM ST 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			Feet N S E W of Route# Intersecting Roadway/Street PARKING LOT OF DUNKIN DONUTS							
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 190000777			
License # --- St MA DOB/Age ---			Reg # 9LS464		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2010		Veh Make LEXUS		Veh Config. 1 20			
Operator RONDINELLI KATHERINE B Last First Middle			Owner (Same as operator) Last First Middle							
Address 21 FOREST AVE			Address							
City QUINCY State MA Zip 02169			City State Zip							
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 2 22 22 22 22		2 3 4 10 Undercarriage 11 Totaled					
Citation # (If Issued)			Most Harmful Event 2 23		1 9 8 7 6					
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 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			-----		---		1 4 99 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 # 7TJ461		Reg Type PAN		Reg State MA			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2013		Veh Make HONDA		Veh Config. 1 20			
Operator --- Last First Middle			Owner HEALEY TIMOTHY J Last First Middle							
Address			Address 77 FEARING STREET							
City State Zip			City EAST WAREHAM State MA Zip 02538							
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency?			Event Sequence 2 22 22 22 22		2 3 4 10 Undercarriage 11 Totaled					
Citation # (If Issued)			Most Harmful Event 2 23		1 9 8 7 6					
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Operator/Non-Motorist See Above			-----		---					

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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000777	
License # _____ St _____ DOB/Age _____			Reg # 1NDF14			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2019			Veh Make KIA			Veh Config. 2 20	
Operator _____ Last _____ First _____ Middle _____			Owner EAN HOLDINGS LLC			Last _____ First _____ Middle _____				
Address _____			Address 14002 E 21ST ST			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City TULSA			State OK			Zip 74134	
Insurance Company SAFECO			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 2 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 2 23			1 9			5 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 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			-----			---				
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 20	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____ Last _____ First _____ Middle _____			Owner _____			Last _____ First _____ Middle _____				
Address _____			Address _____			Last _____ First _____ Middle _____				
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	
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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			-----			---				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ⊕ Pedestrian

ie: → 1    → 2    → ⊕

**Crash Diagram:**

*NOT TO SCALE*

Dunkin Donuts Parking Lot 138 Needham St

Unit 1    Unit 2    Unit 3

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

**Crash Narrative:**

On 07/29/19 at 11:13 hours, I responded to the Dunkin Donuts parking lot located at 138 Needham Street for a three car motor vehicle accident.

Operator of MV1 stated at first she could not recall what occurred during the accident due to lightheadedness at the time. After, she then stated after pulling in to the Dunkin Donuts lot she was attempting to back in to a parking spot in the back of the lot. While backing up, she attempted to hit the brake pedal but must have pushed the gas pedal instead. The vehicle then struck parked/unoccupied MV2 and MV2 was then pushed in to parked/unoccupied MV3. The operator was checked out by Cataldo Ambulance and signed a patient refusal. MV1 sustained moderate driver's side rear bumper area damage but it was still driveable. MV2 sustained damage along both sides of the vehicle and a rear broken axle and it was towed by Tody's.

(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

JEREMY L WILSON    25227    NEWTON POLICE DEPT    07/29/2019

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

CDP1 11 -24:00

➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian



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:

MV3 sustained scrapes and dents to the entire driver's side but the vehicle was driveable.

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 \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate \_\_\_\_\_

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Cargo Body Type Code

Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length \_\_\_\_\_

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Hazmat Information:

Placard

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

JEREMY L WILSON

25227

NEWTON POLICE DEPARTMENT

07/29/2019

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Police Officer Name (Please Print)

Signature \_\_\_\_\_

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_