

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/02/2019	Time of Crash 16:36 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:					
EAST BEACON ST Route# Direction Name of Roadway/Street At NORTH LAKE AVE 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 3 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000796			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator SJOLUND JANET Address 32 INDIAN RIDGE RD City SUDBURY State MA Zip 01776 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # 5350 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved			13							
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 --- --- 1 4 99 0 0 10 1							
SJOLUND, EDGAR 32 INDIAN RIDGE RD SUDBURY, MA 01776			--- --- M 3 1 4 99 0 0 10 1							
SJOLUND, PETER 32 INDIAN RIDGE RD SUDBURY, MA 01776			--- --- M 6 1 4 99 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator SPENCER ANKE Address 9 SAXTON ST City NEWTON State MA Zip 02461 Insurance Company ALLSTATE INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # 2KA136 Reg Type PAN Reg State MA Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20 Owner SPENCER JAMES Address 9 SAXTON ST City NEWTON State MA Zip 02461 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved			13							
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 --- --- 1 4 99 0 0 10 1							
SPENCER, LUISA 9 SAXTON ST NEWTON, MA 02461			--- --- F 4 4 4 99 0 0 10 1							
SPENCER, MARIE-SOPHIE 9 SAXTON ST NEWTON, MA 02461			--- --- F 9 4 4 99 0 0 10 1							
SPENCER, JOHANNES 9 SAXTON ST NEWTON, MA 02461			--- --- M 6 1 4 99 0 0 10 1							

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			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 _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet [N S E W] of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000796	
License # _____ St MA DOB/Age _____			Reg # 7ZD841			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make HONDA			Veh Config. 1 20	
Operator APPLEBAUM IRWIN			Owner APPLEBAUM NINA							
Address 142 MIDDLESEX RD (apt. 1)			Address 142 (apt. 1) MIDDLESEX RD							
City BROOKLINE State MA Zip 02467			City BROOKLINE State MA Zip 02467							
Insurance Company GOVT EMPLOYEE INS			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			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			9			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			7 6				
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 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										
APPLEBAUM, NINA 142 MIDDLESEX RD (apt 1) BROOKLINE, MA 02467										
EPELBOYM, BENJAMIN 142 MIDDLESEX RD (apt 1) BROOKLINE, MA 02467										
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 _____	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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Operator/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON STREET

LAKE AVE

BEACON STREET

LAKE AVE

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:

Operator of MV1 stated she was traveling Westbound on Beacon St. when she observed MV3 roll out into the intersection of Lake Ave. Operator of MV1 then stated she attempted to stop but didn't have enough time colliding with MV3 then MV2 as her vehicle was hit at an angle directing her vehicle into MV2. Operator of MV2 stated she was traveling Eastbound on Beacon St. when she observed MV3 roll out into the intersection. Operator of MV2 stated she attempted to slow down and stop but MV2 struck her vehicle from already being hit from MV3. Operator of MV3 stated he stopped at the stop sign on Lake Ave. then attempted to continue Northbound through the intersection. Operator of MV3 stated as he attempted to proceed through the intersection MV1 was flying down Beacon St. and collided with his vehicle.

(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

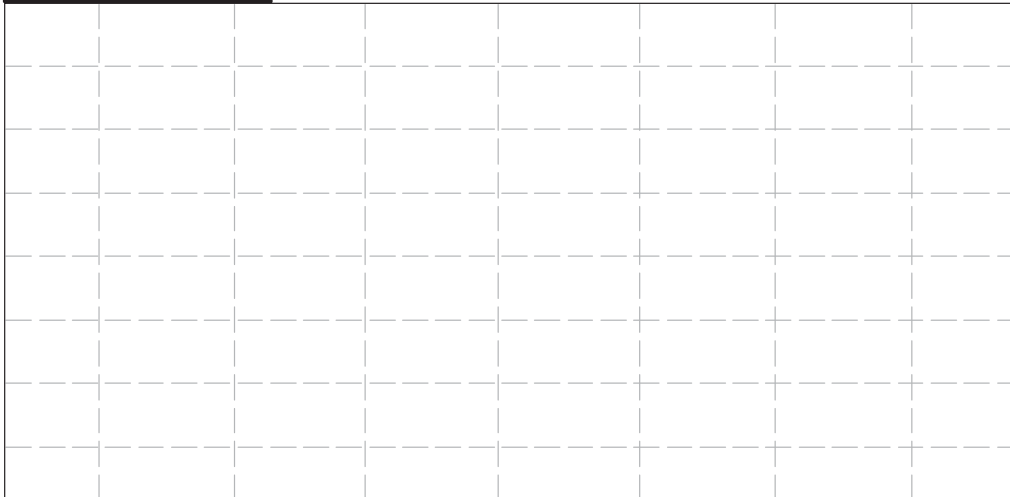
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

No injuries. Newton Fire and medics responded on scene and all parties involved signed patient refusals. Todys responded and towed MV1 and MV2. MV1 sustained substantial drivers side and left front end damage. MV2 sustained substantial left front end damage. MV3 sustained minor front end damage. It should be noted as I arrived on scene of the accident MV3 was in the middle of the intersection facing Northbound as indicated in the crash diagram. A towed motor vehicle form was filled out for both vehicles in regards and placed on file. All debris from the accident was clear from the road including the bike lane.

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

JUSTIN MARCH

NEWTON POLICE DEPART

08/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date