

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 08/29/2019	Time of Crash 10:58 24HR	City/Town NEWTON	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:					
Route# Direction Name of Roadway/Street At			WEST 320 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11					
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000885			
License # --- St MA DOB/Age ---			Reg # SABABA Reg Type PAN Reg State MA			Veh Year 2014 Veh Make MERCEDES Veh Config. 2			12			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator DELUZE NICOLE			Owner (Same as operator)			1			
Address 26 EDMUNDS RD			City WELLESLEY State MA Zip 02481			Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 1 21			
Vehicle Travel Direction: N S E X Responding to Emergency?			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 24			
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			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			13			
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 ---			Reg # 9FF799 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make JEEP Veh Config. 2			1			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator SETI SHARON E			Owner (Same as operator)			1			
Address 37 DAVID RD			City NEEDHAM State MA Zip 02494			Insurance Company NORFOLK DEDHAM MUTUAL			Vehicle Action Prior to Crash 2 21			
Vehicle Travel Direction: N S E X Responding to Emergency?			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			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/Non-Motorist			See Above			1 4 99 0 0 10 1			13			

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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 190000885		
License # --- St MA DOB/Age ---			Reg # 5JC878 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make GMC Veh Config. 2 20		
Operator MCROSKEY STEPHANIE A			Owner (Same as operator)			Address			Address		
City NEEDHAM State MA Zip 02494			City State Zip			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company PREFERRED MUTUAL			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: N S E W Responding to Emergency?			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 11 Totaled		
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			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 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 Endorsment			Veh Year Veh Make Veh Config. 20		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24		
Vehicle Travel Direction: N S E W Responding to Emergency?			Underride/Override 25 Towed			Citation # (If Issued)			10 Undercarriage 11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec											
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Operator/Non-Motorist See Above			-----			1 4 99 0 0 10 1					

**Crash Narrative:**

On 08/29/19 at 10:58 hours, I responded to a three car motor vehicle accident at 320 Needham Street with no injuries reported.

Operator of MV1 states she was heading straight ahead (WB) on Needham Street towards Christina Street.

She states that she attempted to stop for the stopped traffic ahead of her by pushing on her brakes hard to no avail. She then rear ended MV2 and MV2 was pushed in to MV3. MV1 sustained moderate front end damage to the grille and hood area. MV2 sustained moderate rear end damage and MV3 sustained a minor dent/scratch to the rear end. All vehicles were still driveable.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JEREMY L WILSON		25227	NEWTON POLICE DEPART		08/29/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					