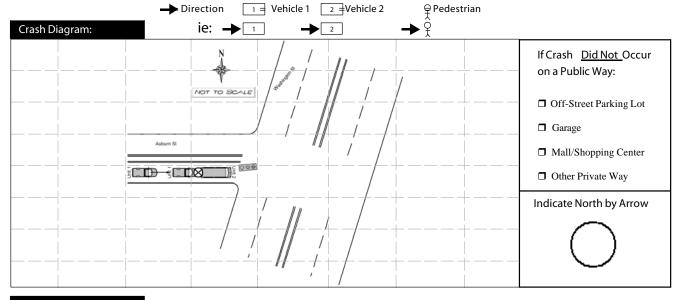
	Poli	ice Use Only		Comn	nonweal	th o	of Massa	achi	use	tts			RMV	/ Doc	umen	t Number		
	Date of Crash	Time of Crash	1	Town	Motor	Veh	icle Cra	sh			Numb Injure		d Limit		St	tate Police ocal Police IBTA Police		
	09/12/2019	16:49 24HR	NEWTON		Poli	ice 1	Report		2	icics	0		gitude			IBTA Police ther:		
		AT INTER	RSECTION	<b>:</b>	< L	OCA	TION :	>			NO'	ΓΑΤ	INTE	ERSI	ECT	ION:		2 9
	EAST	Γ AUBUR	RN ST															2
1 1	Route# Direc	tion	Name	of Roadway/Stree	t		Route# Direction	on A	ddress	#		Nar	ne of R	oadwa	ay/Stre	eet	_	<b>2</b> 10
	NORTH WASHINGTON ST					Feet NSEW of -											_	
	Route# Direction Name of Intersecting Roadway/Street  Also at Intersection with						Feet N	лев	w o	£	Mile Marker Exit Number  Route# Intersecting Roadway/Street							
									_	-							-	_ 11
<b>2 2</b>	Name of intersecting rotativity/street						Feet N S E W of Landmark										_	2
3																		
	Venicie	#Occupants	_ ′		ed Case N				90000									
	License#	18 1	St	MA DOB/Age		_	NE13WX					-			-	20	-	
	Sex_M_ Lic.		Lic. Restrict	E	DL ndorsment		ear_2017		h Mak	ke_FOR	ED			Veh (	Config	. 2		12
<sup>4</sup> <b>3</b>	Operator OK	Last	MICHAEI First		Middle		(Same as open	t						Mid	ldle		-	<b>1</b> <sup>12</sup>
		EXINGTON ST		MA	00466		SS										-	
	City NEWTO			State_MA_Zip_	02400	-	A (' D' )			21					-			
5	Insurance Company PROGRESSIVE  Vehicle Travel Direction: N S X W Responding to Emergency? N						venicie Action Frior to Clash 1								op to Time			
1		ssued) T1442827		esponding to Eme	ergency:		Harmful Event	1 23	3				$\prod$	$\Lambda$		10 Undercarr	iage	
				ion 2: ChS	lec		Contributing Co		19 24	4	O	<b>←</b>	9		5	11 Totaled		
<sup>6</sup> 1	1			ion 4: ChS			ride/Override	25	3	l Γowed <sub>.</sub>	8 N		7		6			
			ator and all oc	cupants involve			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp.								13			
	Name (Last Fir Operator	st Middle)			Address Above		Age/DOB	Sex		system Si 1 4		Code 0	Code 0	Status 10	Code 1	Medical Facili	ity	1
7						1	4 1	5		16	1		17					
3	Please Select C of the Followi	IX Vehicle	2 <u>6</u> #Occup	pants Non-M	Notorist A Type	1	Action	Loc	ation	10	Cond	lition	17		Hit/Ru	ın Mop	ed	
	License#			MA DOB/Age	e	Reg#	312WA6				Reg T	pe_PAN	1	Re	eg Stat	e_MA	_	
	Sex_F_ Lic.	Class D 18 19	Lic. Restrict		DL	Veh Ye	ear_2013	Ve	h Mak	ke_DO	DGE			Veh (	Config	20		
$^{8}$ 1	Operator <u>LAN</u>	Last	JILL First	Z	Middle		ROSEN	t	PE	TER	First			Mid	ldle		-	
	Address 84 G	ARDNER ST				Addres	ss 61 CHESTNU	JT ST									-	
	City WALTHAM State MA Zip 02453					City NEWTON State MA Zip 02465									-			
	Insurance Com	pany PHILADEI	LPHIA INDE	M		Vehicle	e Action Prior to			2 21		Damageo		Code:	(Circ	le Up to Thr	ee)	
	Vehicle Travel Direction: NSWW Responding to Emergency?N  Citation # (If Issued)					Event Sequence 1 22 22 22 22 3 4  Most Harmful Event 1 23 10 Underca								10 Undercarr	iace			
															luge			
				ntion 2: Ch		Driver Contributing Code 1 24 24 7 6												
				ation 4: Chall occupants in		Underride/Override Towed N												
	Name (Last Fi	rst Middle)	operator and	*	Address		Age/DOB	Sex	Pos.	System 5	Status Sw	ag Eject itch Code	Code	Status	Code	Medical Faci	lity	
		Non-Motorist		See	Above					1 4	4	0	0	10	1			
	FAULKENSTE	EIN, RACHELLE	3	NEWTON, MA	D CT			F !	9	1 4	4	0	0	10	1			
	MURRAY, SA	MANTHA		6 CHARLES RIVE NEEDHAM, MA	.K 31			F	7	1 4	4	0	0	10	1			
	DILLON, BRII	DGETTE	1	16 HAROLD ST SHARON, MA				F	6	1 4	4	0	0	10	1			

	ce Use Only				of Massa			_					nt Number	
Date of Crash 09/12/2019	Time of Crash 16:49	City/: NEWTON	Town N		ehicle Cra	sh	Number Vehicles			Speed L Latitude	imit <u>25</u>		tate Police ocal Police IBTA Police	, X
,	24HR				Report		2	0	I	Longitue	le		Other:	· 🔟
	AT INTER	RSECTION		< LOC	ATION	>		N	OT A	T IN	TERS	ECT	ION:	
Route# Direct	tion	Name	of Roadway/Street		Route# Direction	on Add	ress #			Name o	of Roady	vay/Str	eet	
			At		Feet []	N S E V	V of			_ • _	- or			
Route# Direc	tion N	Name of Intersec	ing Roadway/Street		-	1~1-1.			le Mark				Exit Number	
			ersection with		Feet [1	N S E V	V of	Ro		Inter	secting I	2 oadwa	ny/Street	_
					Feet [1	N S E V	V of	Ko	ист	Titter	secting 1	Coauwa	iy/Sireet	
Route# Direct	tion	Name of Inter	secting Roadway/Stre	et							Landma	·k		
Vehicle	#Occupants	☐ Hit/Ru	n Moped	Case Numb	er	190	0000932							
License#		St_		Reg	;#			Reg	Type_		F	leg Sta		_
Sex Lic. 0	Class 18 19			Vel	Year	Veh l	Make				Veh	Config	g. <b>20</b>	
Operator	Last	Eiget	Endors		ner			Circ			М.	iddle		
	Last		Midd		dress						N	iddie		_
City		;	StateZip	Cit	/					St	ate	Zip		
					nicle Action Prior to	Crash	2	21	Dam	aged A	rea Code	e: (Circ	ele Up to Th	ree)
Vehicle Travel	Direction: N	S E W Re	sponding to Emerger	ncy? Eve	ent Sequence	22 22	22	22	2		3	4		
Citation # (If Is	ssued)			Mo	st Harmful Event	23				_   \	9	) =	10 Undercar	rriage
Violation	1: ChSec	Violati	on 2: ChSec_	Dri	ا ver Contributing Co	ode	24	24		<b>-</b>   /-	Ť		11 Totaled	
Violation	3: ChSec	Violati	on 4: ChSec_	Uno	derride/Override	25	Towe	d	8		7	6		
		ator and all occ	upants involved			Se	26 27 at Safety	28 Airbag	29 Airbag	30 Eject Tra Code Co	31 32 p Injury	33 Transp		
Name (Last First Operator	st Middle)		Addi See Ab		Age/DOB	Sex Po		Status	Switch (	Code Co	de Status	Code	Medical Faci	ility
							_							
Please Select C of the Followin		2 <u>6</u> #Occupa	nts Non-Moto	orist A Type	Action 1	Locati	ion	16 C	onditio	n 1		Hit/R	un Mo	ped
License#		St 1		Reg	312WA6			Reg	Type_	PAN	F	leg Sta	te MA	_
Sex_F_ Lic. 0	Class D 18 19	Lic. Restricti			Year 2013	Veh l	Make_D	ODGI	E		Veh	Config	g. 20	
Operator <u>LAN</u>	NE Last	JILL First	Z Endors	Ow	ner ROSEN	,	PETER	Firs	,		M	iddle		_
Address 84 GA	ARDNER ST			Add	dress 61 CHESTN	JT ST								_
City WALTH	AM	;	State MA Zip 0245	53 Cit	City NEWTON State MA Zip 02465									_
Insurance Com	pany PHILADEI	LPHIA INDEM	· ·	Vel	nicle Action Prior to	Crash	2 2	21	Dam	aged A	rea Code	e: (Circ	ele Up to Th	ree)
Vehicle Travel	Direction: N	S X W	esponding to Emerge	ency? <u>N</u> Eve	ent Sequence 1	22 22	22	22	2		3	4		
Citation # (If Is	ssued)			Mo	Most Harmful Event 1 23									rriage
Violation	n 1: ChSe	ec Viola	ion 2: ChSec_	Dri	Driver Contributing Code 1 24 24 (5) 11 Totaled									
Violation	n 3: ChSe	ec Viola	ion 4: ChSec_	Une	derride/Override	25	Towed	_N_	8		7	6		
		operator and a	ll occupants involv		4 707	Se	26 27 at Safety	28 Airbag	29 Airbag	30 Eject Tra		33 Transp		.:1::-
Name (Last Fin	rst Middle) Non-Motorist		See Ab	ove	Age/DOB	Sex Po	os. Systen	n Status	Switch	Code Co	ode Statu	s Code	Medical Fac	anty
SCOVILLE, LA	AURA		TRENTON ST			F 4	1	4	4	0 0	10	1		
ı		10	HARLESTOWN, MA	1	1	1 1	1	1	- 1	آ ا	1 -	1	1	
TRISCHITTA,	MONIC:		98 NEEDHAM ST			F 11	1	4	4	0 0	10	1		



## Crash Narrative:

MV1 (2017 Ford F150; MA Reg: NE13WX) was traveling EAST on Auburn St towards the intersection of
Washington St when it rear-ended MV2 (2013 Dodge Caravan; MA Reg:312WA6). MV1 operator, Michael
O'Keefe, stated that he was traveling, saw the light was green and must have looked down for a second and hit
MV2. MV2 stated that she was stopped at a red light when MV1 collided with her from behind. MV2 operator,
Jill Lane, stated that she thinks he hit her vehicle 3 times in a row. MV2 was occupied by 6, MV1 was
occupied by 1. MV2 is owned by Clearway School and was being driven by a teacher, and passengers were
students. No injuries and all adults signed refusals with the medics. Five of the passengers in MV2 were
minors. The Director of Clearway School arrived on scene and signed refusals on behalf of all the minors. The
Director, Peter Rosen, called to notify all parents before his arrival. He gathered all students and drove

(Continued of	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone	#	Statement
Property Damage:	,						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	aged Property	
Truck and Bus Information:  Carrier Name	Registration #		(From Vehic	ele Section)	Carrier Iss	suing Authority Cod	35 le
Carrier Name						,	
Carrier NameAddressUS DOT #:	State Number	(	City		St	Zip	
Carrier NameAddressUS DOT #:	State Number		City		St	Zip Interstate	le
Carrier NameAddressUS DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_	St	Zip Interstate	le
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC #:_	St	Zip Interstate	le
Carrier Name	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #: Tra	St	Zip Interstate	le

•	→ Direction	1 = Vehic	cie i 2	≠Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →[	1	2	] <b>-</b>	<b>→</b> ♀			
							If Crash <u>Did Not</u> Oon a Public Way:	Occur
							☐ Off-Street Parking	Lot
							☐ Garage	, _ = :
	— —   — — — - 	_					☐ Mall/Shopping Ce	enter
		_				- — —	☐ Other Private Way	
 		_  _						
į		į					Indicate North by A	now
				+		- — —		
Crash Narrative: them back to Clearway Sch	nool for parent	s to ni	ck up fr	om there				
MV1 operator, Michael OKe	<del>_</del>				827 in han	d for 90/14	B - Fail to Yiel	Ld at an
Intersection.	<del></del>							
					,			
Witnesses:								
Name (Last, First, Middle)		Addres	SS			Ph	one #	Statement
Property Damage:								1
Owner (Last, First, Middle)	Address			Phone #	34-Туре	Description of D	amaged Property	
Truck and Bus Information:	Registration #			(From V	ehicle Section)			25
Carrier Name						Carrie	r Issuing Authority Cod	e 35
Address			(	City		St	Zip	
US DOT #:	State Number			_ Issuing State	ICC #:_		Interstate	36
Cargo Body Type Code 37 G	ross Vehicle Weight	38					30	
Trailer Reg #:	Reg Type	Reg	g State	Reg Year_	Tra	ailer Length	39	
Hazmat Information:  40	41							42
Placard Material 1 digi	t # Materia	l Name			Material 4	ligit #	Release code	
ALEX N KANE			38800	NEV	VTON POLICE DEPART!		09/12/20	)19

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)