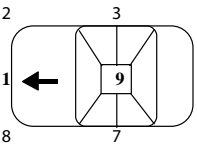
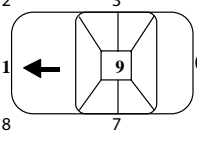


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/12/2019	Time of Crash 16:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
EAST AUBURN ST Route# Direction Name of Roadway/Street At NORTH WASHINGTON 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 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 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000932			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator OKEEFE MICHAEL Address 182 LEXINGTON ST City NEWTON State MA Zip 02466 Insurance Company PROGRESSIVE			Reg # NE13WX Reg Type PAS Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 2 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 19 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T1442827 Violation 1: Ch 90/144 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled 8 7 6							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility							
Operator			See Above		Age/DOB		Sex		1 4 4 0 0 10 1	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 6 #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 LANE JILL Z Address 84 GARDNER ST City WALTHAM State MA Zip 02453 Insurance Company PHILADELPHIA INDEM			Reg # 312WA6 Reg Type PAN Reg State MA Veh Year 2013 Veh Make DODGE Veh Config. 2 20 Owner ROSEN PETER Address 61 CHESTNUT ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 2 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 N							
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled 8 7 6							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Medical Facility							
Operator/Non-Motorist			See Above		Age/DOB		Sex		1 4 4 0 0 10 1	
FAULKENSTEIN, RACHELLE			16 PARK LANE NEWTON, MA		---		F		9 1 4 4 0 0 10 1	
MURRAY, SAMANTHA			6 CHARLES RIVER ST NEEDHAM, MA		---		F		7 1 4 4 0 0 10 1	
DILLON, BRIDGETTE			16 HAROLD ST SHARON, MA		---		F		6 1 4 4 0 0 10 1	

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 09/12/2019	Time of Crash 16:49 24HR	City/Town NEWTON	Number Vehicles 2	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 _____			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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input type="checkbox"/> Vehicle #Occupants _____			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 190000932				
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 23 1 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 5 <input type="checkbox"/> 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed _____							
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										
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										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 6 #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St MA DOB/Age _____ Sex F Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 19 CDL _____ Endorsement _____			Reg # 312WA6 Reg Type PAN Reg State MA Veh Year 2013 Veh Make DODGE Veh Config. <input type="checkbox"/> 2 20							
Operator LANE JILL Z Last First Middle Address 84 GARDNER ST City WALTHAM State MA Zip 02453 Insurance Company PHILADELPHIA INDEM			Owner ROSEN PETER Last First Middle Address 61 CHESTNUT ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash <input type="checkbox"/> 2 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 1 23 1 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Undercarriage Driver Contributing Code <input type="checkbox"/> 1 24 <input type="checkbox"/> 24 5 <input type="checkbox"/> 11 Totaled Underride/Override <input type="checkbox"/> 25 Towed N							
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										
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										
SCOVILLE, LAURA 8 TRENTON ST CHARLESTOWN, MA										
TRISCHITTA, MONICA 298 NEEDHAM ST BELMONT, MA										

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Auburn St

Washington St

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 (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 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 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

➔ 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:

them back to Clearway School for parents to pick up from there.

MV1 operator, Michael OKeefe, was given MA Uniform Citation T1442827 in hand for 90/14B - Fail to Yield at an Intersection.

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

Gross Vehicle Weight

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

39

Hazmat Information:

Placa

Material 1 digit #

41	Material Name
----	---------------

Material 4 digit #

Release code

42

ALEX N KANE

38800

NEWTON POLICE DEPARTMENT

09/12/2019

---

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_