

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/03/2019	Time of Crash 17:03 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH CHESTNUT ST 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 _____								
WEST SHORT ST 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 _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001003		
License # _____ St MA DOB/Age _____			Reg # 548XVG			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2008			Veh Make ACUR			Veh Config. <u>1</u> <u>20</u>		
Operator TRIANTAFILLES GEORGIA Last First Middle			Owner (Same as operator)			Last First Middle					
Address 304 NEWTONVILLE AVE (apt. 1)			Address _____			City _____ State _____ Zip _____					
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			1 2 3 4			11 Totaled		
Citation # (If Issued) _____			Driver Contributing Code <u>1</u> <u>24</u> <u>1</u> <u>24</u>			8 7 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>								
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			99 4 99 0 0 99 1								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # 90KA19			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2015			Veh Make FORD			Veh Config. <u>1</u> <u>20</u>		
Operator ROSENBAUM DINA Last First Middle			Owner (Same as operator)			Last First Middle					
Address 16 BOYDEN LANE			Address _____			City _____ State _____ Zip _____					
City SHARON State MA Zip 02067			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE INSURANCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Most Harmful Event <u>1</u> <u>23</u>			1 2 3 4			11 Totaled		
Citation # (If Issued) _____			Driver Contributing Code <u>1</u> <u>24</u> <u>1</u> <u>24</u>			8 7 6					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>								
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/Non-Motorist See Above			99 4 99 0 0 99 1								



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**Crash Diagram Details:**

- Streets: CHESTNUT ST., SHORT ST.
- Units: Unit 3, Unit 3, Unit 2, Unit 1
- North Arrow: ← N
- Label: NOT TO SCALE

**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:**

OPMV#1 Was stopped in traffic traveling Southbound on Chestnut St when she was struck from behind by the OPMV#2 at the intersection of Chestnut St & Short St. (Minor scratches to the rear bumper)

OPMV#2 Was stopped in traffic traveling Southbound on Chestnut St when she was struck from behind by the OPMV#3 at the intersection of Chestnut St & Short St. (Minor damage to the rear bumper)

OPMV#3 Was traveling Southbound on Chestnut St when she collided with the OPMV#2 that was stopped in traffic at the intersection of Chestnut St & Short St. (Major damage to front bumper)

OPMV#3 Stated she was crying due to personal reasons and wasn't paying attention to what was going on in front of her vehicle before she collided with the car in front of her stopped in traffic.

MV#3 Was towed by Tody's Towing. All operators refused medical treatment.

**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

**REID LARSON**      **NEWTON POLICE DEPTA**      **10/03/2019**

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

CDP1 11 -24:00