

# Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 10/16/2019		Time of Crash 17:42 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> 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:							
<div><div>SOUTH CEDAR ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST COMMONWEALTH AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>						<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of Mile Marker or Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001052									
License # --- St CT DOB/Age ---						Reg # 1AJHL6 Reg Type PAN Reg State CT									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2014 Veh Make HONDA Veh Config. 1 20									
Operator RICHARD MADELEINE						Owner RICHARD ALPHIE									
Address 160 WINDERMERE AVE (apt. 4305)						Address 160 (apt. 4305) WINDERMERE AVE									
City ELLINGTON State CT Zip 06029						City ELLINGTON State CT Zip 06029									
Insurance Company EMCOMPASS INSURANCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N						Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23									
Citation # (If Issued)						Driver Contributing Code 99 24 24 Underride/Override 25 Towed Y									
Violation 1: Ch Sec Violation 2: Ch Sec						10 Undercarriage 5 11 Totaled									
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 3 99 0 2 8 2		NEWTON WELLESLEY	
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 # 7CY720 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						Veh Year 2014 Veh Make FORD Veh Config. 1 20									
Operator HAINES JANET						Owner (Same as operator)									
Address 223 HUNNEWELL ST						Address									
City NEEDHAM State MA Zip 02494						City State Zip									
Insurance Company SAFETY INSURANCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N X E W Responding to Emergency? N						Event Sequence 1 22 20 22 22 22 2 Most Harmful Event 1 23									
Citation # (If Issued)						Driver Contributing Code 18 24 24 Underride/Override 25 Towed Y									
Violation 1: Ch Sec Violation 2: Ch Sec						10 Undercarriage 5 11 Totaled									
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		-----		---		1 4 99 0 0 10 1			

MARK HATFIELD			NEWTON POLICE DEPT#12		10/16/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

**Crash Narrative:**

not work and she continued to drive forward and ended on top of the curb of Commonwealth Ave facing eastbound. MV2 suffered damage to the whole front bumper and wheel wells.

FTO Guarino spoke with the operator of MV1, Madeleine Richard (Madeleine). He advised both front and side driver airbags were deployed, and the front driver's side door was unable to be opened. I then spoke with Madeleine. Madeleine stated she was operating eastbound on Commonwealth Ave before being involved in the collision. Madeleine stated she drove around the MV in front of her that was attempting to take a left from Commonwealth Ave onto Cedar St, and she did not see MV2 prior to the accident. MV1 was struck on the driver's side by MV2, and ended facing westbound in the middle of Commonwealth Ave.

EMTs and fire arrived on scene. Janet stated she did not need to be transported. Madeleine was transported to

(Continued on next page)

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

MARK HATFIELD			NEWTON POLICE DEPARTA		10/16/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

♀ Pedestrian



Both MVs were towed by Todys.

Witnesses:

Property Damage:

Truck and Bus Information:

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CDP1 11 ·24·00