

| Police Use Only   |                                |                     | Commonwealth of Massachusetts        |  |   |                     | RMV Document Number                     |   |   |  |
|---|--------------------------------|---------------------|--------------------------------------|--|---|---------------------|---|---|---|--|
| Date of Crash<br>10/30/2019   | Time of Crash<br>18:29<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report |  | Number Vehicles<br>3  | Number Injured<br>1 | Speed Limit 25<br>Latitude<br>Longitude | State Police<br>Local Police<br>MBTA Police<br>Other: | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >                         |  | NOT AT INTERSECTION:  |                     |   |   |   |  |
| 9 NORTH ABERDEEN ST<br>Route# Direction Name of Roadway/Street<br>At  |                                |                     |                                      |  | Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of or Mile Marker Exit Number   |                     |   |   |   |  |
| 9 WEST CENTRE ST<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with   |                                |                     |                                      |  | Feet N S E W of Route# Intersecting Roadway/Street  |                     |   |   |   |  |
| 9 WEST 9<br>Route# Direction Name of 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 1900001111  |                     |   |   |   |  |
| License # --- St MA DOB/Age ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL<br>Operator KERN EMILY<br>Address 43 PHILMORE RD<br>City NEWTON State MA Zip 02458<br>Insurance Company USAA CASUALTY          |                                |                     |                                      |  | Reg # 6LG383 Reg Type PAN Reg State MA<br>Veh Year 2014 Veh Make HONDA Veh Config. 2 20<br>Owner KERN MARJORIE S<br>Address 43 PHILMORE RD<br>City NEWTON State MA Zip 02458<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 3 4<br>Most Harmful Event 1 23 10 Undercarriage<br>Driver Contributing Code 5 24 19 24 5 11 Totaled<br>Underride/Override 25 Towed N |                     |   |   |   |  |
| Please fill out for operator and all occupants involved   |                                |                     |                                      |  | 26 27 28 29 30 31 32 33<br>Seat Safety Airbag Airbag Eject Trap Injury Transp.<br>Pos. System Status Switch Code Code Status Code<br>Medical Facility   |                     |   |   |   |  |
| Operator See Above  |                                |                     |                                      |  | 99 4 99 0 0 10 1  |                     |   |   |   |  |
|   |                                |                     |                                      |  |   |                     |   |   |   |  |
|   |                                |                     |                                      |  |   |                     |   |   |   |  |
|   |                                |                     |                                      |  |   |                     |   |   |   |  |
| 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 ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL<br>Operator STOROZUK JESSICA S<br>Address 168 FANEUIL ST<br>City BRIGHTON State MA Zip 02135<br>Insurance Company METROPOLITAN |                                |                     |                                      |  | Reg # 31FF31 Reg Type PAN Reg State MA<br>Veh Year 2013 Veh Make SUBARU Veh Config. 1 20<br>Owner (Same as operator)<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 3 4<br>Most Harmful Event 1 23 10 Undercarriage<br>Driver Contributing Code 1 24 24 5 11 Totaled<br>Underride/Override 25 Towed N                               |                     |   |   |   |  |
| Please fill out for operator and all occupants involved   |                                |                     |                                      |  | 26 27 28 29 30 31 32 33<br>Seat Safety Airbag Airbag Eject Trap Injury Transp.<br>Pos. System Status Switch Code Code Status Code<br>Medical Facility   |                     |   |   |   |  |
| Operator/Non-Motorist See Above   |                                |                     |                                      |  | 99 4 99 0 0 9 1   |                     |   |   |   |  |
|   |                                |                     |                                      |  |   |                     |   |   |   |  |
|   |                                |                     |                                      |  |   |                     |   |   |   |  |
|   |                                |                     |                                      |  |   |                     |   |   |   |  |

|   |                                |                     |  |  |  |   |                     |   |  |  |
|---|--------------------------------|---------------------|--|--|--|---|---------------------|---|--|--|
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| Date of Crash<br>10/30/2019   | Time of Crash<br>18:29<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report   |  |  | Number Vehicles<br>3                    | Number Injured<br>1 | Speed Limit 25<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >   |  |  | NOT AT INTERSECTION:                    |                     |   |  |  |
| 1<br>Route# Direction Name of Roadway/Street<br>At  |                                |                     | Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ • _____ or _____<br>Mile Marker Exit Number |  |  |   |                     |   |  |  |
| 2<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with  |                                |                     | Feet N S E W of _____<br>Route# Intersecting Roadway/Street  |  |  |   |                     |   |  |  |
| 3<br>Route# Direction Name of Intersecting Roadway/Street   |                                |                     | Landmark   |  |  |   |                     |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants  |                                |                     | <input type="checkbox"/> Hit/Run   |  |  | <input type="checkbox"/> Moped          |                     |   | Case Number 190001111  |  |
| License # --- St MA DOB/Age ---   |                                |                     | Reg # 8AK847   |  |  | Reg Type PAN                            |                     |   | Reg State MA   |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____   |                                |                     | Veh Year 2011  |  |  | Veh Make SUBARU                         |                     |   | Veh Config. 1 20   |  |
| Operator DEHN ARI<br>Last First Middle  |                                |                     | Owner (Same as operator)<br>Last First Middle  |  |  |   |                     |   |  |  |
| Address 23 HORSESHOE DR   |                                |                     | Address _____  |  |  |   |                     |   |  |  |
| City PLAINVILLE State MA Zip 02762  |                                |                     | City _____ State _____ Zip _____   |  |  |   |                     |   |  |  |
| Insurance Company SAFETY  |                                |                     | Vehicle Action Prior to Crash 2 21   |  |  | Damaged Area Code: (Circle Up to Three) |                     |   |  |  |
| 5<br>Vehicle Travel Direction: N S E W Responding to Emergency? N   |                                |                     | Event Sequence 1 22 22 22 22   |  |  | 2 3 4                                   |                     |   |  |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 1 23  |  |  | 10 Undercarriage                        |                     |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code 1 24 24   |  |  | 11 Totaled                              |                     |   |  |  |
| 6<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |                                |                     | Underride/Override 25 Towed N  |  |  | 8 7 6                                   |                     |   |  |  |
| Please fill out for operator and all occupants involved   |                                |                     |  |  |  |   |                     |   |  |  |
| Name (Last First Middle)  |                                |                     | Address  |  |  | Age/DOB                                 |                     | Sex   | 26 Seat Pos.   |  |
| Operator  |                                |                     | See Above  |  |  | -----                                   |                     | ---   | 27 Safety System   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 28 Airbag Status   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 29 Airbag Switch   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 30 Eject Code  |  |
|   |                                |                     |  |  |  |   |                     | ---   | 31 Trap Code   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 32 Injury Status   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 33 Transp. Code  |  |
|   |                                |                     |  |  |  |   |                     | ---   | Medical Facility   |  |
| 7<br>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 _____   |                                |                     | Veh Year _____   |  |  | Veh Make _____                          |                     |   | Veh Config. 20   |  |
| Operator _____<br>Last First Middle   |                                |                     | Owner _____<br>Last First Middle   |  |  |   |                     |   |  |  |
| Address _____   |                                |                     | Address _____  |  |  |   |                     |   |  |  |
| City _____ State _____ Zip _____  |                                |                     | City _____ State _____ Zip _____   |  |  |   |                     |   |  |  |
| Insurance Company _____   |                                |                     | Vehicle Action Prior to Crash 21   |  |  | Damaged Area Code: (Circle Up to Three) |                     |   |  |  |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____  |                                |                     | Event Sequence 22 22 22 22   |  |  | 2 3 4                                   |                     |   |  |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 23  |  |  | 10 Undercarriage                        |                     |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code 24 24   |  |  | 5 11 Totaled                            |                     |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | Underride/Override 25 Towed _____  |  |  | 8 7 6                                   |                     |   |  |  |
| Please fill out for operator and all occupants involved   |                                |                     |  |  |  |   |                     |   |  |  |
| Name (Last First Middle)  |                                |                     | Address  |  |  | Age/DOB                                 |                     | Sex   | 26 Seat Pos.   |  |
| Operator/Non-Motorist   |                                |                     | See Above  |  |  | -----                                   |                     | ---   | 27 Safety System   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 28 Airbag Status   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 29 Airbag Switch   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 30 Eject Code  |  |
|   |                                |                     |  |  |  |   |                     | ---   | 31 Trap Code   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 32 Injury Status   |  |
|   |                                |                     |  |  |  |   |                     | ---   | 33 Transp. Code  |  |
|   |                                |                     |  |  |  |   |                     | ---   | Medical Facility   |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre St

Aberdeen St

Unit 3

Unit 2

Unit 1

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:**

MV#1 operator stated she was in traffic on Centre St W/B opposite Aberdeen St. #1 stated she had slowed and then proceeded straight ahead thinking traffic ahead of her was moving forward. At that time, #1 rear ended MV#2 and #2 then rear ended MV#3. #2 and #3 operators both stated they were stopped in traffic when they were rear ended.

#1 and #3 were not injured. #2 stated she had whiplash symptoms from impact. All were evaluated and signed patient refusals with medics.

#1 sustained moderate front end damage; #2 appeared to sustain light front and rear end damage; #3 appeared to sustain damage limited to the rear bike rack apparatus attached.

**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