

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/06/2019	Time of Crash 10:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 30 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:			
NORTH Route# Direction Name of Roadway/Street At EAST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			BEETHOVEN AVE BEACON ST							
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 190001145	
License # --- St MA DOB/Age ---			Reg # RW649Y Reg Type PAS Reg State MA			Veh Year 2017 Veh Make AUDI Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2017 Veh Make AUDI Veh Config. 2			Operator GARDNER MARY C			Owner (Same as operator)	
Address 77 MONTVIEW ST			City BOSTON State MA Zip 02132			Insurance Company IDS PROPERTY CASUA			Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y	
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			Operator	
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 NH DOB/Age ---			Reg # 1NPT55 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HONDA Veh Config. 1				
Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make HONDA Veh Config. 1			Operator ZABIELSKI JESSICA M			Owner (Same as operator)	
Address P.O 864			City CHARLESTOWN State NH Zip 03603			Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 24	
Citation # (If Issued) T2079231			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y	
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			Operator/Non-Motorist	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Beacon St

Beethoven Ave

—MV#2— —MV#1—

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:

The operator of MV#1 stated she was travelling eastbound on Beacon St just past the intersection at Beethoven Ave when she was struck from behind by MV#2. MV#1 sustained moderate damages to its rear bumper area. The operator of MV#1 was "Shaken up" and was evaluated by Newton Paramedics with a patient refusal of treatment. AAA Towing took possession of MV#1.

The operator of MV#2 stated she was travelling eastbound on Beacon St directly behind MV#1 when she could not stop in time striking MV#1 from behind. MV#2 sustained heavy front end damages with driver's side air bag deployment. There no reported injuries to the operator of MV#2. MV#2 was towed by her insurance provider GEICO.

Based on the statements made to me I issued in hand MA uniform citation #T2079231 for violation of C.O 19-71

(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

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

