

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/21/2019	Time of Crash 16:40 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 4	Number Injured 0	Speed Limit <u>35</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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 1650 WASHINGTON ST 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 _____ CHETWYNDE 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 1900001193		
License # _____ St MA DOB/Age _____			Reg # 1RCM81 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make HYUN Veh Config. <u>1</u> <u>20</u>					
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsment _____			Owner PIERRE BENETTE R			Address 104 (apt. 2) PLANTATION ST					
Operator SANON JEAN Y Last First Middle			City WORCESTER State MA Zip 01604			Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Address 11 CARLSON ST			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			10 Undercarriage		
City EVERETT State MA Zip 02149			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed N			11 Totaled		
Insurance Company GEICO			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? 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 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			-----			NONE		
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 # 8KPE10 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make FORD Veh Config. <u>1</u> <u>20</u>					
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____ Endorsment _____			Owner WICKS LAWRENCE J			Address 414 CAROLINE DR					
Operator WICKS TYLER Last First Middle			City BELLINGHAM State MA Zip 02019			Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Address 414 CAROLINE DR			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			10 Undercarriage		
City BELLINGHAM State MA Zip 02019			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed N			11 Totaled		
Insurance Company PLYMOUTH			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> Responding to Emergency? 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 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			-----			NONE		

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/21/2019	Time of Crash 16:40 24HR	City/Town NEWTON	Number Vehicles 4	Number Injured 0	Speed Limit 35 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 N S E W of _____ Mile Marker _____ Exit Number _____				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				Feet N S E W of _____ Landmark _____				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001193		
License # --- St MA DOB/Age ---			Reg # 8HG135 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make KIA Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsment _____		
Operator PAN WENWEN			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 687 GROVE ST			Address _____			City _____ State _____ Zip _____			Insurance Company GEICO		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 2 21			10 Undercarriage			11 Totaled		
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			NONE		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 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 # 22NL93 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make BMW Veh Config. 2 20			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____		
Operator CHUKWU ISIOMA M			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 20 HARVEST MOON DR			Address _____			City _____ State _____ Zip _____			Insurance Company METRO PROPERTY AND CASUALTY		
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			Driver Contributing Code 19 24 7 24			Underride/Override 25 Towed Y		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 1 21			10 Undercarriage			11 Totaled		
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			NONE		

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

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, MV2, and MV3 were stopped in traffic on Washington St westbound (public way) when MV4 struck MV3 from behind, causing a chain accident. MV4 sustained heavy front end damage and was towed by Tody's. MV3 sustained both front and rear end damage, and was towed by Tody's. MV2 sustained both front and rear end damage. MV1 sustained rear end damage.

MV4 operator stated she was unsure how and why she struck MV3 but believes she fainted and blacked out. No driver said they were injured and all signed medical refusals with the medics.

**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

MARK HATFIELD

NEWTON POLICE DEPT

11/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date