# Commonwealth of Massachusetts
# Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

| Date of Crash | Time of Crash | City/Town | Number Vehicles | Number Injured | Speed Limit | Latitude | Longitude | |
|---|---|---|---|---|---|---|---|---|
| 01/05/2020 | 10:44 24HR | NEWTON | 2 | 1 | 35 | | | State Police ☐ Local Police ☒ MBTA Police ☐ Other: |

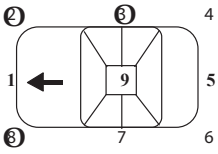
**AT INTERSECTION:** | **< LOCATION >** | **NOT AT INTERSECTION:**

1 / 1 — Route# NORTH Direction CHESTNUT ST Name of Roadway/Street
At
Route# EAST Direction COMMONWEALTH AVE Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — 2 / 9
Feet N S E W of Mile Marker or Exit Number — 2 / 10
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark — 3 / 11

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2000000014

License # --- St MA DOB/Age -- -- ---- | Reg # 95VC76 Reg Type PAN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement | Veh Year 2009 Veh Make CHEVY Veh Config. 1 20
4 / 4 — Operator RICHARD (Last) MARIAN (First) T (Middle) | Owner (Same as operator) — 1 / 12
Address 232 AUBURNDALE AVE | Address
City NEWTON State MA Zip 02466 | City State Zip
Insurance Company GEICO | Vehicle Action Prior to Crash 1 21 — Damaged Area Code: (Circle Up to Three)
5 / 1 — Vehicle Travel Direction: N S ☒ W Responding to Emergency? N | Event Sequence 1 22 22 22 22
Citation # (If Issued) | Most Harmful Event 1 23
Violation 1: Ch Sec Violation 2: Ch Sec | Driver Contributing Code 1 24 24
6 / 1 — Violation 3: Ch Sec Violation 4: Ch Sec | Underride/Override 25 Towed Y

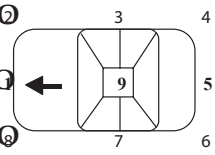



Please fill out for operator and all occupants involved — 1 / 13

| 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 | 1 | 1 | 0 | 0 | 8 | 2 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 — 2 #Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ---- | Reg # 41W210 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsement | Veh Year 2019 Veh Make VOLK Veh Config. 1 20
8 / 1 — Operator CHOUTET (Last) AYMERIC (First) (Middle) | Owner (Same as operator)
Address 87 WOODWARD ST | Address
City NEWTON State MA Zip 02461 | City State Zip
Insurance Company GEICO | Vehicle Action Prior to Crash 1 21 — Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: ☒ S E W Responding to Emergency? N | Event Sequence 1 22 22 22 22
Citation # (If Issued) | Most Harmful Event 1 23
Violation 1: Ch Sec Violation 2: Ch Sec | Driver Contributing Code 19 24 24
Violation 3: Ch Sec Violation 4: Ch Sec | Underride/Override 25 Towed Y



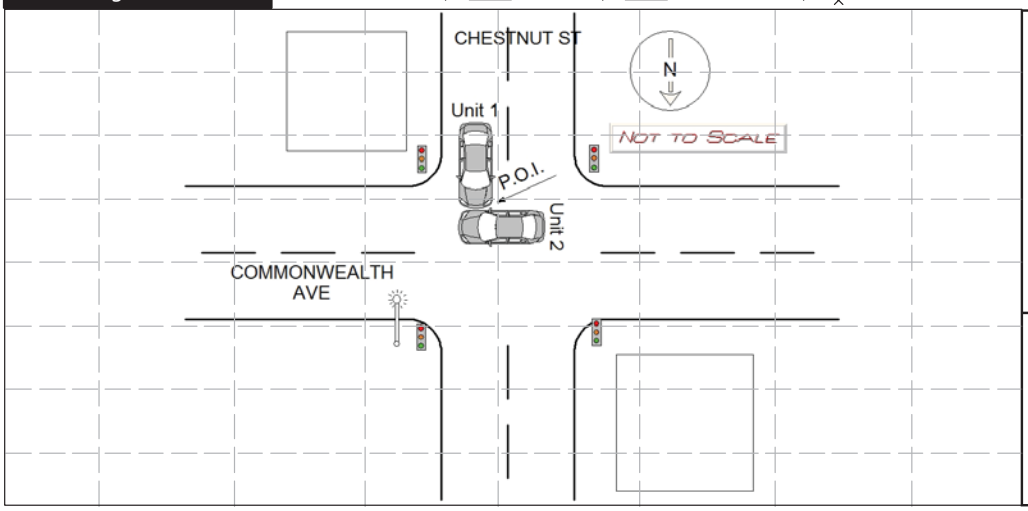

Please fill out for operator and all occupants involved

| 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 | -------- | --- | --- | 1 | 3 | 1 | 0 | 0 | 10 | 1 | |
| CHOUTET, MADELEINE | 87 WOODWARD ST NEWTON, MA 02461 | -- -- ---- | F | 6 | 4 | 3 | 1 | 0 | 0 | 10 | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## Crash Diagram:

→ Direction  1 = Vehicle 1  2 = Vehicle 2  Pedestrian

ie: → 1  → 2  →




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:

On 1/5/20, I responded to the area of Commonwealth Ave @ Chestnut St for a 2 vehicle accident. On arrival, I spoke with the operator of MV1 (MA Reg: 95VC76) who stated that she was travelling eastbound on Commonwealth Ave. MV1 stated that she had a flashing green light while she proceeded through the intersection. As MV1 was travelling across Chestnut St she was struck on the passengers side by MV2. After the collision, MV1 was directed into a light pole and struck the light pole at Commonwealth and Chestnut St. (Pictures turned over to the IT bureau).

The operator of MV2 (MA Reg: 95VC76) stated that he was travelling northbound on Chestnut St approaching the intersection of Commonwealth Ave. MV2 stated that he had a flashing traffic signal, and proceeded into the intersection. I asked MV2 if it was flashing yellow or red, and the operator MV2 stated he

(Continued on next page)

## Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|---|---|---|---|
| MCINERNEY , JOAN, | 30 BROADWAY ST<br>NEWTON,MA 02458 | ------ | Y |
| | | | |

## Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---|---|---|---|---|
| , CITY OF NEWTON, | 1000 COMMONWEALTH AVE<br>617-791-1000,MASSACHUSETTS 02460 | | 3 | CEMENT LIGHT POLE |
| | | | | |

## Truck and Bus Information:

Registration # _____(From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

| ANDREW SCOTT VELLO | | | NEWTON POLICE DEPARTM | | 01/05/2020 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

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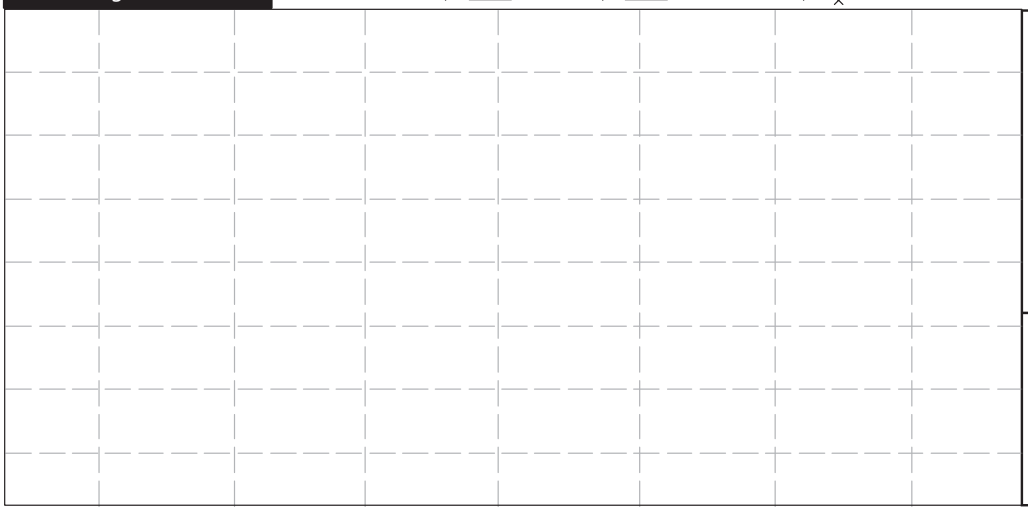
→ Direction  1 = Vehicle 1  2 = Vehicle 2  Pedestrian

ie: → 1  → 2  →



If Crash Did Not Occur on a Public Way:

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- ❒ Garage
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- ❒ Other Private Way

Indicate North by Arrow

## Crash Narrative:

was unsure. As MV2 proceeded into the intersection, he collided with MV1.

The operator of MV1 was transported to NWH for further evaluation. The occupants of MV2 were evaluated by the medics and signed refusals. Both vehicles were towed by Tody's Towing.

## Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|---|---|---|---|
| | | | |
| | | | |

## Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|---|---|---|---|---|
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|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |