

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/25/2020		Time of Crash 18:00 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9	
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number								10	
WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11	
Route# Direction Name of Intersecting Roadway/Street				Landmark								4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000187					3
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FRENETTE JOHN Address 40 ORANGE ST City WALTHAM State MA Zip 02453 Insurance Company GOVT EMPLOYEE INS Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 7VP697 Reg Type PAN Reg State MA Veh Year 2018 Veh Make MAZDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								12	
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								13	
Operator				See Above		-----		---		1 4 4 0 0 10 1		1	
Operator				See Above		-----		---		1 4 4 0 0 10 1			
Operator				See Above		-----		---		1 4 4 0 0 10 1			
Operator				See Above		-----		---		1 4 4 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BEN-SIMON PETER S Address 49 OSBORNE PATH City NEWTON State MA Zip 02459 Insurance Company ARBELLA PROTECTION INS Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # T20208 Reg Type CON Reg State MA Veh Year 2015 Veh Make FORD Veh Config. 2 20 Owner CRM PROPERTY MA Address 320 (apt. 3FF) WASHINGTON ST City BROOKLINE State MA Zip 02445 Vehicle Action Prior to Crash 9 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 6 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								13	
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								13	
Operator/Non-Motorist				See Above		-----		---		1 4 99 0 0 10 1		N/A	
Operator/Non-Motorist				See Above		-----		---		1 4 99 0 0 10 1			
Operator/Non-Motorist				See Above		-----		---		1 4 99 0 0 10 1			
Operator/Non-Motorist				See Above		-----		---		1 4 99 0 0 10 1			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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 Friday, February 28, 2020, I spoke with the operator of MV2, Peter Ben-Simon (S48100671) at the Newton Police Station. Ben-Simon stated he recalls the incident but said his vehicle never came in contact with MV1. Ben-Simon stated MV1 was driving erratically and was following him for some time on Washington Street. Ben-Simon believes his interaction with MV1 was a road rage incident but did not want to pull over at the time and report it. I observed no fresh damage to MA: T20208 that would be consistent with being in a crash with MV1. Ben-Simon's information has been added to this report to reflect him being the operator of MV2. No further action will be taken at this time.

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 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

SEAN STAKE

NEWTON POLICE DEPT.

02/25/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date