

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/31/2020	Time of Crash 17:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 0	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:				29
Route# Direction Name of Roadway/Street At			EAST 580 WASHINGTON STREET Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				210
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				113
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000252		
License # --- St MA DOB/Age ---			Reg # 5TRL60 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make JEEP Veh Config. 2 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator) Last First Middle			Address _____					121
Operator COMPAGNA KEVIN Last First Middle			City _____ State MA Zip 02021			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)		
Address 280 PLEASANT ST			City _____ State _____ Zip _____			Event Sequence 1 22 22 22 22			10 Undercarriage 5 11 Totaled		
City CANTON State MA Zip 02021			Most Harmful Event 1 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N		
Insurance Company ARBELLA MUTUAL			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 _____			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 - - - - - 99 4 99 0 0 10 1		131
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 ---			Reg # 1KL458 Reg Type PAN Reg State MA			Veh Year 2009 Veh Make TOYOTA Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator) Last First Middle			Address _____					
Operator RICHARDSON ASHLEY Last First Middle			City _____ State MA Zip 02460			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 340 LINWOOD AVE			City _____ State _____ Zip _____			Event Sequence 1 22 2 22 22 22			10 Undercarriage 5 11 Totaled		
City NEWTON State MA Zip 02460			Most Harmful Event 2 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y		
Insurance Company PLYMOUTH ROCK			Vehicle Travel Direction: N S X W 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 - - - - - 99 3 99 0 0 10 1		

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N][S][E][W] of _____ • _____ or _____ Exit Number _____ _____ Feet [N][S][E][W] of _____ _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____							
2 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
3 <input checked="" type="checkbox"/> Vehicle 3 0 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 200000252							
4 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company ARBELLA MUTUAL			Reg # 7BG273 Reg Type PAN Reg State MA Veh Year 2013 Veh Make VOLKSWAGON Veh Config. 1 20 Owner CHOUINARD ADAM Last _____ First _____ Middle _____ Address 115 (apt. 4) GROVE ST City WEST ROXBURY State MA Zip 02132 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 2 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override [25] Towed N 10 Undercarriage 5 11 Totaled							
5 Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility Operator See Above -----							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 0 #Occupants <input type="checkbox"/> Non-Motorist A Type [14] Action [15] Location [16] Condition [17] <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GOVERNMENT EMPLOYEES			Reg # 3AGN11 Reg Type PAN Reg State MA Veh Year 2020 Veh Make HONDA Veh Config. 2 20 Owner LOJA GUAMAN ANN I Last _____ First _____ Middle _____ Address 51 HART ST City TAUNTON State MA Zip 02780 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override [25] Towed N 10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility Operator/Non-Motorist See Above -----										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

580 Washington st

Unit 4

Unit 3

Unit 2

Unit 1

← N

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:

On Tuesday, March 31st 2020, at approximately 5:11pm, I, Officer Brooks, responded to 580 Washington street for a motor vehicle accident. Upon arrival I spoke with the operator of MV1(MA REG 5TRL60) who stated he was pulling out of the parking lot of 580 Washington street, and was attempting to turn left to head westbound on Washington street. He stated he was already in the first eastbound lane of traffic when MV2(MA REG 1KL458) came at a high rate of speed eastbound on Washington street in the center lane and struck his vehicle. After striking his vehicle, MV2 hit MV3(MA REG7BG273) which was parked legally in front of 580 Washington street. The collision caused MV3 to hit MV4(MA REG 3AGN11) which was parked legally in front of MV3. MV1 had damage to the front passenger side bumper.

I then spoke with the operator of MV2 who stated she was traveling eastbound on Washington street in the far

(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

JOSEPH J BROOKS

38339

NEWTON POLICE DEPART

03/31/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Diagram:

right lane. She states MV1 pulled out of the parking lot of 580 Washington street and struck her vehicle causing her to loose control and hit MV3 which was parked. Her car had airbag deployment and damage to the passenger side rear wheel well as well as the front end.

MV 3 had damage to the rear end and front end. MV4 had minor scratches to the rear bumper. Nobody was injured in the accident, and the operator of MV2 signed a refusal with Cataldo. Tody's towed MV2 due to the damage.

A motor vehicle inventory was filled out and filed.

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:

Truck and Bus Information:		Registration # _____ (From Vehicle Section)	
Carrier Name _____		Carrier Issuing Authority Code	<div>35</div>
Address _____		City _____	St _____ Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length <div>39</div>
Hazmat Information:			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>

JOSEPH J BROOKS

38339

NEWTON POLICE DEPARTMENT

03/31/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____