

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 04/17/2020	Time of Crash 08:18 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 2	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 926 CHESTNUT ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____				2 9			
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				2 10			
Route# Direction Name of Intersecting Roadway/Street							11 3			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000266	
License # --- St MA DOB/Age ---			Reg # 759RZ9 Reg Type PAN Reg State MA			20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2015 Veh Make CHEVY Veh Config. 2			12				
Operator GUZMAN VALERIE Last First Middle			Owner NAPIER STEVEN J Last First Middle			1				
Address 17 PORTER TER			Address 17 PORTER TER							
City STOUGHTON State MA Zip 02072			City STOUGHTON State MA Zip 02072							
Insurance Company GEICO			Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [N S X W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4			10 Undercarriage				
Citation # (If Issued) T2080648			Most Harmful Event 1 23 0 9 5 11 Totaled							
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 19 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved						13 1				
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 3 99 0 0 9 2			NWH				
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 # 3BS577 Reg Type PAN Reg State MA			20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2012 Veh Make JEEP Veh Config. 2			1				
Operator MONTVILLE DIANE Last First Middle			Owner (Same as operator) Last First Middle							
Address 31 TAMWORTH RD			Address _____							
City NEWTON State MA Zip 02468			City _____ State _____ Zip _____							
Insurance Company HARLEYSVILLE WORCESTER			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [X S E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23 0 9 5 11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved						13 1				
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 4 99 0 0 9 2			NWH				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

926-928 Chestnut St

WB access

Boylston St E/B access ramp

Unit 1

Chestnut St

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:

Mv#1 operator stated she came to a stop at the stop sign on the Boylston St E/B access ramp at the intersection of Chestnut St. #1 stated she proceeded straight across into the intersection at which time #1 struck Mv#2 that was travelling on Chestnut St N/B. After impact, #1 crashed to the left into the bushes and yard of 926 Chestnut St. The impact also pushed #2 to the right into the same bushes.

#2 operator stated she was travelling on Chestnut St N/B (right of way) and was about to clear the intersection when #1 suddenly appeared from her left and struck #2 broadside (driver's side).

#1 operator had pain on the left side of her body and #2 had chest pain from striking her steering wheel. Both were transported to NWH for further evaluation.

#1 sustained heavy damage to the front end with multiple airbag deployment. #2 sustained heavy damage to the

(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
LI, WAYNE,	926 CHESTNUT ST NEWTON, MASSACHUSETTS 0	617-319-9588	97	BUSHES AND GRASS LAWN

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPTA	04/17/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

♀ Pedestrian

[illegible]

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

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00