

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|--|--------------------------------|---------------------|---|--|----------------------|---|---------------------|---|--|--|
| Date of Crash 06/09/2020 | Time of Crash 12:01 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 2 | Number Injured 1 | 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: | | | | | |
| SOUTH PARKER ST Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street | | | | | 2 9 | | |
| WEST HAGEN RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | 2 10 | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | 11 2 | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 2000000319 | |
| License # --- St MA DOB/Age --- | | | Reg # 2SNN41 Reg Type PAN Reg State MA | | | Veh Year 2019 Veh Make NISSAN Veh Config. 2 20 | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment | | | Operator HALSOR CHELSEA LEE | | | Owner (Same as operator) | | | 1 12 | |
| Address 41 HOWARD ST | | | City WALTHAM State MA Zip 02451 | | | Vehicle Action Prior to Crash 2 21 | | | Damaged Area Code: (Circle Up to Three) | |
| Insurance Company UNITED SERVICES AUTOMOBILE ASSOC | | | Vehicle Travel Direction: N X 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 | | | Driver Contributing Code 1 24 24 | | | 5 11 Totaled | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Underride/Override 25 Towed N | | | 8 7 6 | | | | |
| 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 ----- --- 1 4 4 0 0 9 1 REFUSAL | | | 13 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | |
| License # --- St MA DOB/Age --- | | | Reg # S35168 Reg Type CON Reg State MA | | | Veh Year 2018 Veh Make FORD Veh Config. 2 20 | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment | | | Operator BENOIT CHRISTOPHER | | | Owner LEBLANC RICHARD | | | 1 12 | |
| Address 10 GREENWOOD CT (apt. 2) | | | City MADLEN State MA Zip 02198 | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | |
| Insurance Company SAFETY INSURANCE | | | Vehicle Travel Direction: N X E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 2 | | | 3 4 10 Undercarriage | |
| Citation # (If Issued) T1268483 | | | Most Harmful Event 1 23 | | | Driver Contributing Code 5 24 24 | | | 5 11 Totaled | |
| Violation 1: Ch 90/23/T Sec _____ Violation 2: Ch 90/9/B Sec _____ | | | Underride/Override 25 Towed Y | | | 8 7 6 | | | | |
| Violation 3: Ch 19/71 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 ----- --- 1 4 4 0 0 10 1 | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Vehicle 1 described as a 2019 Nissan Rogues color gray bearing MA Pan Reg 2SNN41 was stopped in traffic southbound on Parker St near the intersecting way of Hagen Rd. Both Parker St and Hagen Rd are public ways in the City of Newton. Vehicle 1 was then rear ended by Vehicle 2 described as a 2018 Ford Van color white bearing MA Con Reg S35168 which was traveling southbound on Parker St. As a result of the impact Vehicle 1 sustained damage to the passenger side rear bumper and quarter panel. Vehicle 2 sustained damage to the drivers side front bumper and fender.

The operator of Vehicle 1 identified as Chelsea Halsor stated that she was stopped on Parker St due to another uninvolved vehicle which was stopped in front of her vehicle due to a pedestrian crossing Parker St in a crosswalk. Halsor stated that while stopped she was struck from behind by Vehicle 2. Halsor stated that

(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

→ 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:

the force of the impact caused her to hit her head on the steering wheel. Fire and Medics responded to the scene and evaluated Halsor. Halsor was released with a patient refusal.

The operator of Vehicle 2 identified as Christopher Benoit stated that he was traveling southbound on Parker St and struck Vehicle 1 which was stopped in traffic. Benoit stated that he tried to avoid the collision by swerving to the right but was unable to and as a result struck the passenger side rear of Vehicle 1. Benoit stated he was uninjured.

No other witnesses on scene.

Vehicle 1 was driven from the scene by Halsor.

An RMV check of Vehicle 2 revealed that the registration was expired as of 12/31/2019. Tody's responded and

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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

JASON M. SCHLEGEL

NEWTON POLICE DEPART

06/09/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

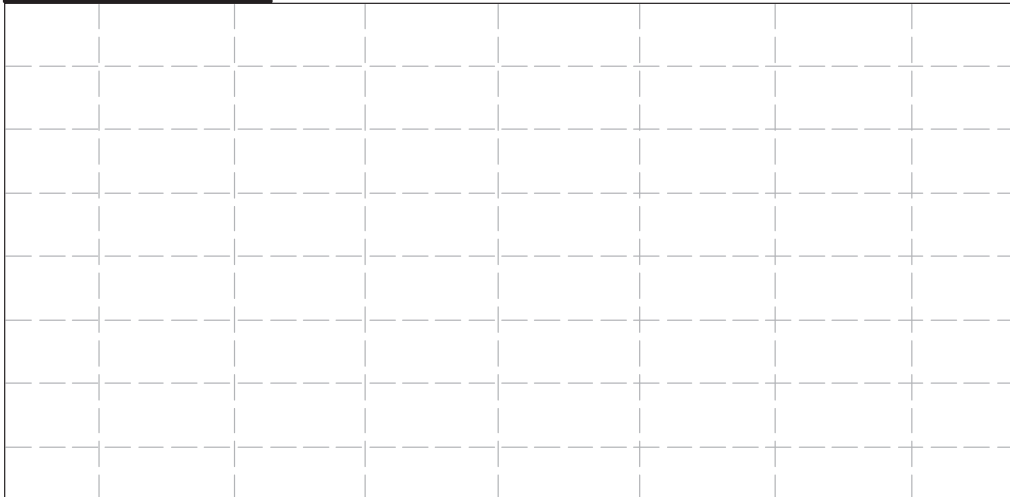
Precinct/Barracks

Date

→ 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:

removed the vehicle. A Towed MV Inventory Sheet was completed.

An RMV check also revealed that Benoit's MA Drivers License (MA DL# S9550481) was suspended. As a result

Benoit was issued in hand MA Uniform Citation T1268483 and cited for Mgl 90/23 Operation of a Motor Vehicle

After License Suspension, Mgl 90/9 Operating an Unregistered Motor Vehicle on a Public Way and City Ordinance Violation 19-71 Following to Close.

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

JASON M. SCHLEGEL

NEWTON POLICE DEPT.

06/09/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date