

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/27/2020		Time of Crash 17:19 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:							
SOUTH BROOKLINE 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									
EAST HARTMAN RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street									
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 200000350							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator COSENTINO ADRIANA Last First Middle Address 265 GREAT PLAIN AVE City NEEDHAM State MA Zip 02492 Insurance Company AMICA MUTUAL				Reg # 1CWF26 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 2 20 Owner COSENTINO MICHAEL Last First Middle Address 265 GREAT PLAIN AVE City NEEDHAM State MA Zip 02492 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 11 Totaled									
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													
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FISHER NAOMI Last First Middle Address 110 MCCARTHY RD City NEWTON State MA Zip 02459 Insurance Company PLYMOUTH ROCK				Reg # F3523 Reg Type PAR Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed N									
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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													

→ 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 6/27/20 at approx 1719 I responded to the area of Brookline ST and Hartman Rd for a report of a MVA with no injuries. Upon arrival I spoke with both operators involved in the accident.

Operator of MV#1 stated she was traveling SB on Brookline St when she came to a stop to let a vehicle turn out of Spaulding Ln and then a pedestrian cross the crosswalk when she was rear ended by MV#2. Operator of MV#1 sustained no injuries and MV#1 had moderate rear end damage.

I then spoke to operator of MV#2 who stated she was also driving SB on Brookline St when MV#1 suddenly stopped in front of her and she couldn't stop in time. She rear ended MV#1. MV#2 had heavy front end damage. The operator of MV#2 sustained no injuries.

Both operators signed patient refusals with the medics and both vehicles were able to be driven away.

**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

CHRISTOPHER J BOUDREAU

NEWTON POLICE DEPT

06/27/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date