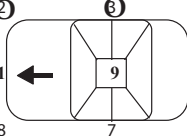
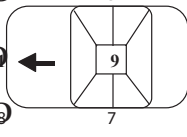


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 09/01/2020		Time of Crash 07:31 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 1		Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
<div><div>NORTH</div><div>NEEDHAM ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>OAK ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000489							
License # --- St MA DOB/Age ---				Reg # 2TX516 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make KIA Veh Config. 2 20											
Operator DUCHAINE-SAVAGI SHANNON				Owner (Same as operator)											
Address 67 COBB ST				Address											
City NORTON State MA Zip 02766				City State Zip											
Insurance Company COMMERCE				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 5 11 Totaled			
Citation # (If Issued) T2015217				Most Harmful Event 1 23											
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec				Driver Contributing Code 3 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
Please fill out for operator and all occupants involved															
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator See Above				1 3 1 0 0 9 2 BI											
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 # 8LL196 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make HONDA Veh Config. 2 20											
Operator DINON CATHERINE				Owner (Same as operator)											
Address 624 LAGRANGE ST				Address											
City W. ROXBURY State MA Zip 02132				City State Zip											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								10 Undercarriage 5 11 Totaled			
Citation # (If Issued)				Most Harmful Event 1 23											
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															
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility															
Operator/Non-Motorist See Above				1 3 1 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Needham St

Oak St

Unit 2

Unit 1

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:

Catherine Dion was operating vehicle #2, Ma. Reg 8LL196 stopped at the Oak St at Needham St light.

Catherine states that the light turned green and she went to go thru the intersection. Catherine states that vehicle #1 ran the red light and she struck vehicle #1 on the right side.

Shannon Duchaine-Savage was operating vehicle 1, Ma. Reg. 2TX516 N/B on Needham St. Shannon stated that she had no idea what happened. Both vehicles towed. Duchaine-Savage was transported to the BI by Cataldo and issued citation#T2015217, Ch 89 S.9 F/C Red Light

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
KUNDY, JOHN,	96 COMMONWEALTH AVE DEDHAM,NM	-----	Y
MATTHEWS, DANIEL,	96 COMMONWEALTH AVE DEDHAM,MA	-----	N

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

09/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Witnesses

Witness # 1 (mninum: <u>2000005170</u>)				
Last Name		First Name	Middle Name	Suffix
KUNDY		JOHN		
Address: #	Street Name	Apt #	City	State
96	COMMONWEALTH AVE		DEDHAM	NM
Zip Code	Home Phone	Work Phone		
Narrative				
John Kundy and Daniel Matthews were behind vehicle #1 on Needham St. Both Matthews and Kundy state that vehicle #1 went thru the solid red light at Oak St and as a result vehicle #2 struck vehicle #1.				
Witness # 2 (mninum: <u>2000005171</u>)				
Last Name		First Name	Middle Name	Suffix
MATTHEWS		DANIEL		
Address: #	Street Name	Apt #	City	State
96	COMMONWEALTH AVE		DEDHAM	MA
Zip Code	Home Phone	Work Phone		