

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 09/13/2020		Time of Crash 02:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 4		Number Injured 1		Speed Limit 30 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:													
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						WEST 15 COMMONWEALTH AVE															
						Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number															
						Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000514													
License # --- St MA DOB/Age ---						Reg # 783LD0 Reg Type PAN Reg State MA															
Sex M Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20															
Operator COLANTI MICHAEL A Last First Middle						Owner COLANTI CRISTINA LYNN Last First Middle															
Address 276 PARK ST						Address 276 PARK ST															
City WEST ROXBURY State MA Zip 02132						City WEST ROXBURY State MA Zip 02132															
Insurance Company GOVERNMENT EMPLOYEE INSURANCE COMPAN						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 2 22 22 22 22 22 23 24 24 25 Towed Y						Diagram: 10 Undercarriage 11 Totaled									
Citation # (If Issued) T2014748						Driver Contributing Code 97 24 24 Underride/Override 25															
Violation 1: Ch 90/24 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																					
Operator See Above						ST E'S															
Please Select One of the Following:																					
<input checked="" type="checkbox"/> Vehicle 2 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											
License # --- St DOB/Age ---						Reg # 9TH559 Reg Type PAN Reg State MA															
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment						Veh Year 2020 Veh Make SUBARU Veh Config. 1 20															
Operator Last First Middle						Owner MANKE ALEC HUGH Last First Middle															
Address						Address 17 (apt. SL) ALBERTINA ST															
City State Zip						City QUINCY State MA Zip 02169															
Insurance Company SAFETY INSIRANCE COMPANY						Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: N S E X Responding to Emergency? N						Event Sequence 2 22 2 22 22 22 23 24 24 25 Towed Y						Diagram: 10 Undercarriage 11 Totaled									
Citation # (If Issued)						Driver Contributing Code 1 24 24 Underride/Override 25															
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																					
Operator/Non-Motorist See Above																					

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					9	
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 _____							10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____							11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000514				
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company METROPOLITAN PROPERTY AND CASUALTY INS			Reg # 3YF829 Reg Type PAN Reg State MA Veh Year 2018 Veh Make ACURA Veh Config. 1 20 Owner FONG HA Last _____ First _____ Middle _____ Address 92 WASHINGTON ST City WOBURN State MA Zip 01801 Vehicle Action Prior to Crash [11] 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 2 22 [22] 22 2 2 23 10 Undercarriage Most Harmful Event 2 23 1 24 1 24 11 Totaled Driver Contributing Code 1 24 1 24 Underride/Override [25] Towed Y							12	
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							13	
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 -----								
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			License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO GENERAL INSURANCE COMPANY 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 _____								
Reg # 1JAM74 Reg Type PAN Reg State MA Veh Year 2004 Veh Make HONDA Veh Config. 1 20 Owner NOEL JONATHAN E Last _____ First _____ Middle _____ Address 45 (apt. 1) SWAN ST City EVERETT State MA Zip 02149 Vehicle Action Prior to Crash [11] 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 [22] 22 [22] 22 2 2 23 10 Undercarriage Most Harmful Event 2 23 1 24 1 24 11 Totaled Driver Contributing Code 1 24 1 24 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 -----								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 4 Unit 3 Unit 2 Unit 1

P.O.I. P.O.I. P.O.I.

Newton Boston

NOT TO SCALE

Indicate North by Arrow

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Crash Narrative:

Operator of Vehicle 1 states he was traveling west on Commonwealth Avenue when he got a flat tire in Boston, just prior to the Newton line. At this time operator 1 states he had difficulty maintaining control of vehicle 1. At that time vehicle 1 struck vehicle 2, pushing vehicle 2 up onto the sidewalk and into Vehicle 3. Vehicle 3 was also parked. Vehicle 3 was then pushed into vehicle 4. Medic 1 transported the operator of vehicle 1 to the hospital. Todys towed all 4 vehicles from the roadway. It should be noted the parked vehicles were all registered out of town and at the time of accident we were unable to notify the owners.

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