

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/05/2020		Time of Crash 17:45 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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:						9	
WEST BEACON ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
NORTH CRESCENT AVE						Feet N S E W of _____ or _____ Mile Marker Exit Number							
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						3	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000642							
License # --- St MA DOB/Age ---				Reg # 1RLN56		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2000		Veh Make CHEVROLET		Veh Config. 2 20					
Operator BRAMBILLA MATTHEW JOSEPH				Owner (Same as operator)									12
Address 46 HATFIELD ROAD				Address									
City W. NEWTON State MA Zip 02465				City		State		Zip					
Insurance Company SAFETY				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 1 22 22 22		2		3		4			
Citation # (If Issued) 2080109				Most Harmful Event 1 23		1		2		3		10 Undercarriage	
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec				Driver Contributing Code 3 24 24		1		2		3		5 11 Totaled	
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y		1		2		3			
Please fill out for operator and all occupants involved													13
Name (Last First Middle)				Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator				See Above		---		---		99		4	
CAIRA, FRANCIS, L				65 WEST PINE ST NEWTON, MA 02466		---		M		11		99	
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 # 9TL968		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019		Veh Make LEXUS		Veh Config. 1 20					
Operator MCMILLAN MARGARET				Owner (Same as operator)									
Address 8 EXMOOR RD				Address									
City NEWTON State MA Zip 02459				City		State		Zip					
Insurance Company LM GENERAL				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			
Citation # (If Issued)				Most Harmful Event 1 23		1		2		3		10 Undercarriage	
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		1		2		3		5 11 Totaled	
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y		1		2		3			
Please fill out for operator and all occupants involved													13
Name (Last First Middle)				Address		Age/DOB		Sex		26 Seat Pos.		27 Safety System	
Operator/Non-Motorist				See Above		---		---		99		3	



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**NOT TO SCALE**

Beacon St

Crescent Ave

19 Crescent Ave

Fence

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On Thursday, November 5th 2020, at approximately 17:45 hours, I, was responding to a call at 1269 Centre St for the report of an attempted larceny. I was travelling northbound on Crescent Ave, when I heard a loud crash behind me on Beacon St. I diverted from that call, and observed a three car accident at the intersection of Beacon at Crescent St, and notified dispatch to send Newton medics.

It was determined that vehicle 1 was travelling northbound on Crescent Ave, and drove through the stop sign, without stopping, striking vehicle 2 on the front left of their vehicle. Vehicle 3 was stopped at the stop sign on the other side of Crescent Ave facing southbound. Vehicle 1 spun, and the opposite side of the vehicle struck vehicle 3, on their front right side. Vehicle 2 crashed into the residents fence at 19 Crescent Ave.

(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
HEALY, DAVID,	19 CRESCENT AVE NEWTON, MASSACHUSETTS 0	781-249-3227	97	FENCE 19 CRESCENT AVE

**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

TIMOTHY ROCHE

NEWTON POLICE DEPART

11/05/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

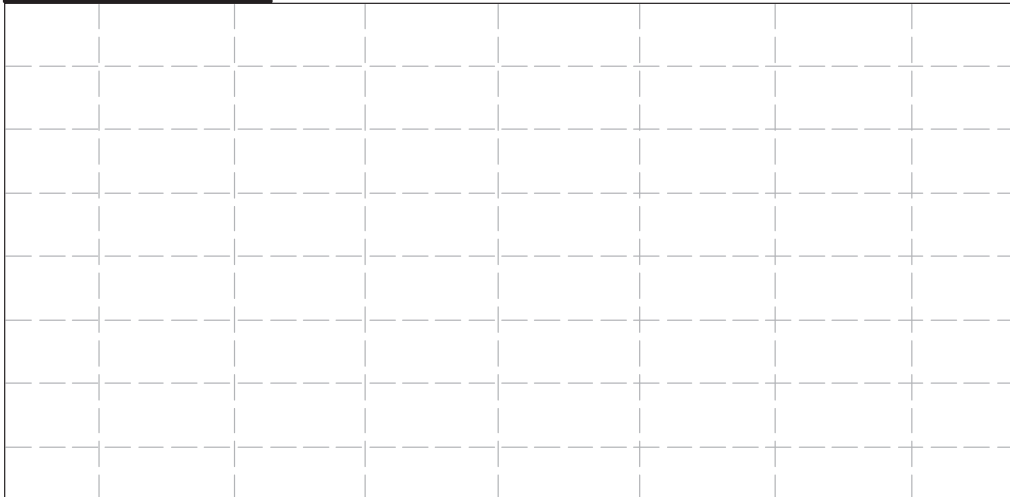
Precinct/Barracks

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:

I observed heavy damage to the right side of vehicle 1, as well as the back left side. Vehicle 2 had heavy damage on the front of the vehicle. Vehicle 3 had heavy damage to the front right of their vehicle. No one was injured, and the Newton medics cleared with refusals. Tody's towed all three vehicles to their lot. Photos were taken of the fence, and were submitted to the It bureau. A Massachusetts Uniform citation was filled out (T2080109) for Ch. 89 S. 9 (failing to stop/stop sign) and given in hand to the operator of vehicle 1.

#### Witnesses:

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

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#### Truck and Bus Information:

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Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

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Department

Precinct/Barracks

Date