

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/06/2020		Time of Crash 14:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 4	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:						9		
NORTH CENTRE ST(BRIDGE)												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____										
MASS PIKE EXIT 17 W/B				Mile Marker Exit Number										
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								11		
Also at Intersection with				Feet N S E W of _____								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 200000644								
License # _____ St _____ DOB/Age _____				Reg # RS794X Reg Type PAN Reg State MA										
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2018 Veh Make HONDA Veh Config. 1 20										
Operator DONNELLY TERENCE				Owner O'LEARY MARYANN								12		
Address 51 ROBBINS ST (apt. 1)				Address 51 (apt. 1) ROBBINS										
City WALTHAM State MA Zip 02453				City WALTHAM State MA Zip 02453										
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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				5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved												13		
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								1		
Operator See Above				1 3 99 0 0 8 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 # 5495SI Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016 Veh Make VOLVO Veh Config. 2 20										
Operator BOURQUE MARYANN				Owner (Same as operator)										
Address 404 MT AUBURN ST				Address _____										
City WATERTOWN State MA Zip 02472				City _____ State _____ Zip _____										
Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> 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				5 11 Totaled						
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 N										
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 99 0 0 8 1										

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 11/06/2020	Time of Crash 14:20 24HR	City/Town NEWTON	Number Vehicles 4	Number Injured 4	Speed Limit <u>25</u> 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:			
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9			
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				10			
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11			
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 200000644							
4 License # --- St MA DOB/Age --- Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator MISKOVITCH SYLVIE C Address 1 PARL LN (apt. 317) City BOSTON State MA Zip 02210 Insurance Company COMMERCE			Reg # 44CL92 Reg Type PAN Reg State MA Veh Year 2015 Veh Make NISSAN Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed N				12			
5 Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 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										
8 License # --- St MA DOB/Age --- Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 9 <input type="checkbox"/> 19 CDL _____ Operator DORCE RONISE Address 12 MILLER ST City EVERETT State MA Zip 02149 Insurance Company ARBELLA MUTUAL Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 899WR1 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 11 Totaled Underride/Override 25 Towed N				13			
Please fill out for operator and all occupants involved										
Operator			See Above							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

MASS PIKE EXIT RAMP W/B

CENTRE ST N/B

MASS PIKE ON RAMP W/B

WASHINGTON ST W/B

CENTRE ST BRIDGE

Unit 1

Unit 4

Unit 5

Unit 2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

← N →

**Crash Narrative:**

On November 6th, 2020 at approximately 14:20 hours while assigned to N491 I responded to Centre St on the bridge over the Mass pike N/B for a report of a multiple MV crash with possible injuries.

On my arrival to the scene I observed vehicle #1, a grey Honda civic, ma reg. rs794x resting half on the sidewalk the other half crushed into the rear passenger side of vehicle #2. I was then informed there were two additional vehicles involved.

Vehicle #1 apparently first crashed into vehicle #2 after abruptly changing lanes into the lane MV#2 was stopped in. This set of a chain reaction in which MV #2 to was forced into the rear of vehicle(#3) which then forced vehicle #3 into the vehicle(#4). Vehicles 2 thru 4 were all stopped due to the signal light being red at the time of the crash.

(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

THOMAS J MCCARTHY      NEWTON POLICE DEPT      11/07/2020

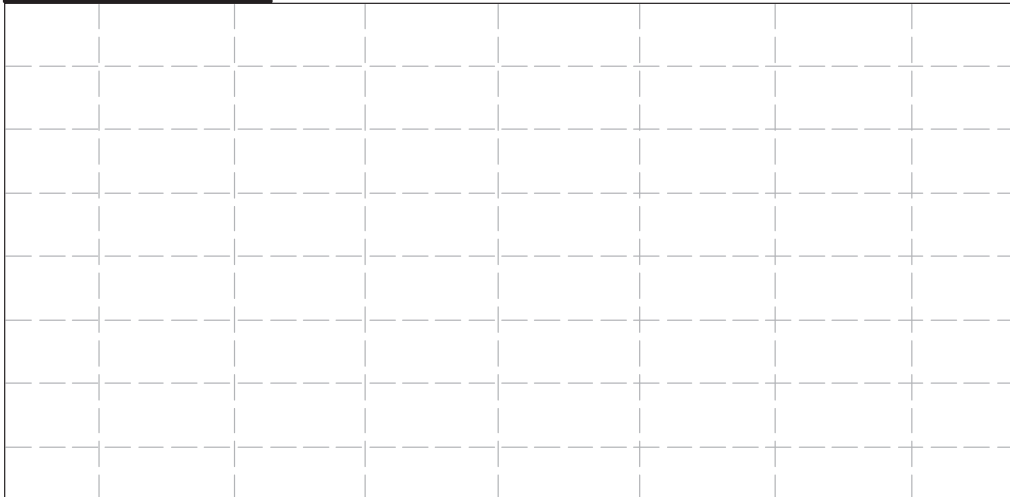
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00

→ 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 located the operator to vehicle #1 sitting on the sidewalk bleeding from several areas to his face which he sustained from the crash. He was identified as Terrence Donnelly.

He reported driving N/B over the Centre St Bridge and was changing lanes when he realized the traffic was stopped in that lane. He attempted to avoid hitting the vehicle(#2) now in front of him, by swerving to the right to go onto the sidewalk but he still slammed half his vehicle into the rear passenger side of vehicle #2.

I spoke with the operator to vehicle #2 identified as Linda Borque. She stated she was stopped on the bridge N/B near the off ramp to the mass pike(exit17 W/B) when she was rear ended by vehicle #1. The impact forced her M/V into the vehicle stopped in front of her(#3).

(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 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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

11/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

Crash Narrative:
Operator to vehicle #3 was identified as Sylvie Miskovitch. She stated she was also stopped on the bridge N/B for the signal light when she was rear ended by vehicle #2 which forced her vehicle into the vehicle stopped in front of her(#4).
Operator of vehicle #4 was identified as Ronise Dorce. She stated she was stopped on the bridge N/B just at the exit to the Mass pike W/B when she was rear ended by vehicle #3.
All drivers sustained minor injuries and all declined to go to the hospital. Patient refusal forms were signed by all parties.
Vehicle # 1 was the only MV towed from the scene by Todys.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

THOMAS J MCCARTHY			NEWTON POLICE DEPT.		11/07/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					