

## Commonwealth of Massachusetts

| Police Use Only   |                                |                     | Motor Vehicle Crash Police Report  |                     |  |  | RMV Document Number  |  |                       |  |  |
|---|--------------------------------|---------------------|--|---------------------|--|--|----------------------|--|-----------------------|--|--|
| Date of Crash<br>12/21/2020   | Time of Crash<br>16:23<br>24HR | City/Town<br>NEWTON | Number Vehicles<br>3   | Number Injured<br>0 | Speed Limit<br>25<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |                      |  |                       |  |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >   |                     |  |  | NOT AT INTERSECTION: |  |                       |  |  |
| Route# Direction Name of Roadway/Street<br>At   |                                |                     | SOUTH 235 NEEDHAM ST<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ Mile Marker _____ Exit Number _____ |                     |  |  |                      |  |                       |  |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with   |                                |                     | Feet N S E W of _____<br>Route# Intersecting Roadway/Street _____<br>Landmark _____  |                     |  |  |                      |  |                       |  |  |
| Route# Direction Name of Intersecting Roadway/Street  |                                |                     |  |                     |  |  |                      |  |                       |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |                                |                     | <input type="checkbox"/> Hit/Run   |                     |  | <input type="checkbox"/> Moped   |                      |  | Case Number 200000761 |  |  |
| License # --- St CT DOB/Age ---   |                                |                     | Reg # AP98487 Reg Type PASSENGER Reg State CT  |                     |  | Veh Year 2018 Veh Make HONDA Veh Config. 1 20  |                      |  |                       |  |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |                                |                     | Veh Year 2018 Veh Make HONDA Veh Config. 1 20  |                     |  | Owner (Same as operator) _____   |                      |  |                       |  |  |
| Operator DANTAS CARLI   |                                |                     | Operator (Same as operator) _____  |                     |  | Operator (Same as operator) _____  |                      |  |                       |  |  |
| Address 72 BEVERLY DR   |                                |                     | Address _____  |                     |  | Address _____  |                      |  |                       |  |  |
| City COVENTRY State CT Zip 06238  |                                |                     | City _____ State _____ Zip _____   |                     |  | City _____ State _____ Zip _____   |                      |  |                       |  |  |
| Insurance Company GEICO   |                                |                     | Vehicle Action Prior to Crash 2 21   |                     |  | Damaged Area Code: (Circle Up to Three)  |                      |  |                       |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? N  |                                |                     | Event Sequence 1 22 22 22 22   |                     |  | Event Sequence 1 22 22 22 22   |                      |  |                       |  |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 1 23  |                     |  | Most Harmful Event 1 23  |                      |  |                       |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code 1 24 24   |                     |  | Driver Contributing Code 1 24 24   |                      |  |                       |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | Underride/Override 25 Towed N  |                     |  | Underride/Override 25 Towed N  |                      |  |                       |  |  |
| Please fill out for operator and all occupants involved   |                                |                     | Please fill out for operator and all occupants involved  |                     |  | 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 --- 1 4 4 0 0 10 1  |                     |  | Operator See Above --- 1 4 4 0 0 10 1  |                      |  |                       |  |  |
| Operator  |                                |                     | Operator   |                     |  | Operator   |                      |  |                       |  |  |
| 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 # 715JY1 Reg Type PAN Reg State MA   |                     |  | Veh Year 2010 Veh Make HONDA Veh Config. 2 20  |                      |  |                       |  |  |
| Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____   |                                |                     | Veh Year 2010 Veh Make HONDA Veh Config. 2 20  |                     |  | Owner (Same as operator) _____   |                      |  |                       |  |  |
| Operator HINES JENNIFER   |                                |                     | Operator (Same as operator) _____  |                     |  | Operator (Same as operator) _____  |                      |  |                       |  |  |
| Address 135 LINDBERGH AVE   |                                |                     | Address _____  |                     |  | Address _____  |                      |  |                       |  |  |
| City NEEDHAM State MA Zip 02494   |                                |                     | City _____ State _____ Zip _____   |                     |  | City _____ State _____ Zip _____   |                      |  |                       |  |  |
| Insurance Company ARBELLA MUTUAL  |                                |                     | Vehicle Action Prior to Crash 2 21   |                     |  | Damaged Area Code: (Circle Up to Three)  |                      |  |                       |  |  |
| Vehicle Travel Direction: N X E W Responding to Emergency? N  |                                |                     | Event Sequence 1 22 22 22 22   |                     |  | Event Sequence 1 22 22 22 22   |                      |  |                       |  |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 1 23  |                     |  | Most Harmful Event 1 23  |                      |  |                       |  |  |
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| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | Underride/Override 25 Towed N  |                     |  | Underride/Override 25 Towed N  |                      |  |                       |  |  |
| Please fill out for operator and all occupants involved   |                                |                     | Please fill out for operator and all occupants involved  |                     |  | 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 4 0 0 10 1   |                     |  | Operator/Non-Motorist See Above --- 1 4 4 0 0 10 1   |                      |  |                       |  |  |
| Operator/Non-Motorist   |                                |                     | Operator/Non-Motorist  |                     |  | Operator/Non-Motorist  |                      |  |                       |  |  |

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|--|--------------------------------|---------------------|---|---------------------|--|---|---|--|--|--|
| Date of Crash<br>12/21/2020  | Time of Crash<br>16:23<br>24HR | City/Town<br>NEWTON | Number Vehicles<br>3  | Number Injured<br>0 | Speed Limit<br>25<br>Latitude _____<br>Longitude _____ | State Police<br>Local Police<br>MBTA Police<br>Other: | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  |  |  |
| AT INTERSECTION:   |                                |                     | < LOCATION >  |                     |  |   | NOT AT INTERSECTION:  |  |  |  |
| 1 Route# Direction Name of Roadway/Street<br>At  |                                |                     | Route# Direction Address # Name of Roadway/Street   |                     |  |   | 9   |  |  |  |
| 2 Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with  |                                |                     | Feet N S E W of _____ Mile Marker _____ Exit Number _____   |                     |  |   | 10  |  |  |  |
| 3 Route# Direction Name of Intersecting Roadway/Street   |                                |                     | Feet N S E W of _____ Route# Intersecting Roadway/Street _____  |                     |  |   | 11  |  |  |  |
| 3 <input checked="" type="checkbox"/> Vehicle 3 Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped  |                                |                     | Case Number 200000761   |                     |  |   |   |  |  |  |
| 4 License # --- St MA DOB/Age ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____<br>Operator VERROCHI LISA ANNE<br>Address 27 ALDEN AVE (apt. A)<br>City STONEHAM State MA Zip 02180<br>Insurance Company COMMERCE INSURANCE   |                                |                     | Reg # 74G440 Reg Type PAN Reg State MA<br>Veh Year 2004 Veh Make FORD Veh Config. 2 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 22 24 24<br>Underride/Override 25 Towed Y |                     |  |   | 12  |  |  |  |
| 5 Vehicle Travel Direction: N X E W Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | 13  |                     |  |   | 13  |  |  |  |
| 7 Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 ---<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____<br>Operator _____<br>Address _____<br>City _____ State _____ Zip _____<br>Insurance Company _____<br>Vehicle Travel Direction: N S E W Responding to Emergency? _____<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                                |                     | Reg # _____ Reg Type _____ Reg State 20<br>Veh Year _____ Veh Make _____ Veh Config. 20<br>Owner _____<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 22 22 22 22 2 Most Harmful Event 23<br>Driver Contributing Code 24 24<br>Underride/Override 25 Towed _____                  |                     |  |   | 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:**

235 Needham Street

NOT TO SCALE

Needham Street

Unit 1

Unit 2

Unit 3

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:**

Operator of MV1 states she was traveling southbound on Needham Street in congested traffic when MV2 struck MV1 in the rear bumper. MV1 sustained very minor damage to the rear bumper.

Operator of MV2 states she was traveling southbound on Needham Street in congested traffic when MV3 struck MV2 in the rear bumper causing MV2 to collide with MV1. MV2 sustained damage to the front and rear bumper.

Operator of MV3 states she was traveling southbound on Needham Street in congested traffic when she experienced mechanical failure with her brakes causing MV3 to collide with MV2, which also caused MV2 to collide with MV1. MV3 sustained damage to the front of the vehicle, which disabled the transmission. MV3 was towed by Tody's towing and a towed motor vehicle inventory form was completed.

No injuries reported by all three operators.

**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

TIMOTHY F KEEFE

NEWTON POLICE DEPT.

12/21/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date