

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/26/2021		Time of Crash 20:34 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	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 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		
NORTH SARGENT ST 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								2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000053						3		
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LEE WENDY Address 37 ADAMIAN PARK City ARLINGTON State MA Zip 02474 Insurance Company AMICA				Reg # 1KVF64 Reg Type PAN Reg State MA Veh Year 2019 Veh Make SUBARU Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled		12
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 _____				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				Operator See Above ----- --- 1 4 99 0 0 10 1								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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator VONHUENE THOMAS Address 55 BOYLSTON STREET City BROOKLINE State MA Zip 02445 Insurance Company PROGRESSIVE				Reg # 5679BG Reg Type PAN Reg State MA Veh Year 2007 Veh Make DODGE Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 1 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled		
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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____ Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000053		
License # --- St MA DOB/Age ---			Reg # JF566K Reg Type PAS Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make ACURA Veh Config. 1 20		
Operator HICHOS SERGIO			Owner (Same as operator)			Address _____			Address _____		
Address 25 NORTH BEACON ST			City ALLSTON State MA Zip 02134			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company STANDARD FIRE			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			Most Harmful Event 1 23		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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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											
License # --- St DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____			Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20		
Operator _____			Owner _____			Address _____			Address _____		
Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company _____			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 2			Most Harmful Event 23		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			Underride/Override 25 Towed _____		
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Centre Street

Cabot Street

Sergeant Street

N 503

NOT TO SCALE

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:

All three operators attempted to bypass a detour that was put in place at the intersection of Centre Street and Cabot Street to prevent vehicles from traveling Northbound on Centre Street due to heavy amounts of snow. When MV1 took a right and then a left turn onto Sergeant street to bypass N 503 with all emergency lights activated in an attempt to merge onto Centre street, MV2 and MV3 followed. MV1 was slowing down while approaching the stop sign but MV2 and MV3 were unable to stop causing MV2 to slide in the snow and rear end MV1 and MV3 to slide and rear end MV2.

MV1 sustained minor rear bumper damage. MV2 sustained moderate front bumper damage and minor rear bumper damage. MV3 sustained minor front bumper damage.

All three operators were uninjured and all three vehicle were able to be driven from the scene.

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