

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/24/2021		Time of Crash 16:41 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	
ASH ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
WEST COMMONWEALTH 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						2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000151							
License # --- St MA DOB/Age ---				Reg # P42434		Reg Type CON		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2011		Veh Make GMC		Veh Config. 2 20					
Operator DELSIGNORE THOMAS				Owner LESHINSKI JAMES									12
Address 430 FRANKLIN VILLAGE DR (apt. 303)				Address 24 CONGRESS TER									
City FRANKLIN State MA Zip 02038				City MILFORD		State MA		Zip 01757					
Insurance Company MERCHANTS MUTUAL				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 97 22 22 22		2 3 4		5 11 Totalled					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 13 24 1 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	
Operator				See Above		-----		---		99 4 99 0 0 10 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 # 1EXD24		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2005		Veh Make BMW		Veh Config. 20					
Operator GARCIA WILLIAM				Owner (Same as operator)									
Address 783 MOODY ST (apt. 1)				Address _____									
City WALTHAM State MA Zip 02453				City _____		State _____		Zip _____					
Insurance Company QUINCY MUTUAL				Vehicle Action Prior to Crash 2 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		5 10 Undercarriage 11 Totalled					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11							
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 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	
Operator/Non-Motorist				See Above		-----		---		99 4 99 0 0 10 1			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/24/2021	Time of Crash 16:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
<input checked="" type="checkbox"/> Vehicle 3 Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000151	
License # St MA DOB/Age			Reg # 747WV1 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20							
Operator KURISKO TIMOTHY			Owner KURISKO REBECCA							
Address 35 DEER RUN RD			Address 35 DEER RUN RD							
City WRENTHAM State MA Zip 02093			City WRENTHAM State MA Zip 02093							
Insurance Company GEICO			Vehicle Action Prior to Crash 2 21							
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22							
Citation # (If Issued)			Most Harmful Event 1 23							
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 Y							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33							
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			99 4 99 0 0 10 1							
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 D 18 18 Lic. Restrictions 1 19 CDL			Veh Year Veh Make Veh Config. 20							
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 21							
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22							
Citation # (If Issued)			Most Harmful Event 23							
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33							
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:

Ash St

Commonwealth Ave

Unit 3

Unit 2

Unit 1

Indicate North by Arrow

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator #1 states that he was driving his work van (Patriot Mechanical) westbound on Commonwealth Ave near Ash St, when his vision became blinded by the sun which caused him to rear end vehicle #2. Vehicle #2 was stationary at the red light and subsequently hit vehicle #3 upon impact in a "domino effect".

All operators were spoken to separately and their version of events are the same. It should be noted that while responding to this call, I did take note of the extreme solar glare on Commonwealth Ave westbound.

All parties declined medical attention. Damage visible to me were as follows:

-Vehicle #1 sustained heavy front end damage, towed by Tody's

-Vehicle #2 had moderate rear end damage, towed by Tody's

-Vehicle #3's right rear passenger side above the wheel well had minor damage, possible tire damage as

(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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

02/24/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

well. Vehicle was moved off to the side of the road and owner has their own tow coming.

42

CDP1 11 -24:00