Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
03/01/2021	19:14 24HR	NEWTON	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

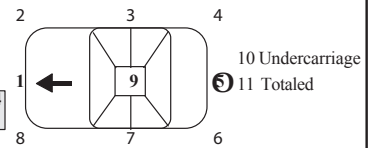
AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 / 4 — Route# EAST Direction — BEACON ST Name of Roadway/Street
At
Route# NORTH Direction — HAMMOND ST Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# Direction — Name of Intersecting Roadway/Street

Route# Direction Address # — Name of Roadway/Street — 2 / 9
Feet N S E W of — Mile Marker — or Exit Number — 2 / 10
Feet N S E W of — Route# Intersecting Roadway/Street
Feet N S E W of — Landmark — 2 / 11

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2100000157

License # --- St MA DOB/Age -- -- ---- | Reg # 1191JF Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment | Veh Year 2017 Veh Make ACURA Veh Config. 2 20
4 / 3 — Operator STERNBERG (Last) JEREMY (First) (Middle) | Owner (Same as operator) (Last) (First) (Middle) — 1 / 12
Address 16 BRADFORD | Address
City NEWTON State MA Zip 02460 | City State Zip
Insurance Company PLYMOUTH ROCK | Vehicle Action Prior to Crash 2 21
5 / 1 — Vehicle Travel Direction: N S ☒ W | Responding to Emergency? N | Event Sequence 1 22 22 22 22 | Damaged Area Code: (Circle Up to Three)
Citation # (If Issued) | Most Harmful Event 1 23
Violation 1: Ch Sec Violation 2: Ch Sec | Driver Contributing Code 1 24 24
6 / 1 — Violation 3: Ch Sec Violation 4: Ch Sec | Underride/Override 25 Towed N

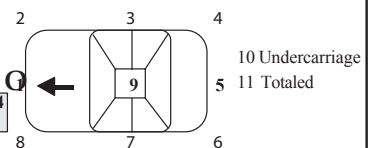


Please fill out for operator and all occupants involved — 1 / 13

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	NONE

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 #Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ---- | Reg # 736ZE3 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment | Veh Year 2004 Veh Make ACURA Veh Config. 1 20
8 / 1 — Operator LARA (Last) NELSON (First) G (Middle) | Owner (Same as operator) (Last) (First) (Middle)
Address 69 BLOOMINGDALE ST (apt. 2) | Address
City CHELSEA State MA Zip 02150 | City State Zip
Insurance Company SAFETY | Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: N S ☒ W | Responding to Emergency? N | Event Sequence 1 22 22 22 22 | Damaged Area Code: (Circle Up to Three)
Citation # (If Issued) | Most Harmful Event 1 23
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 N



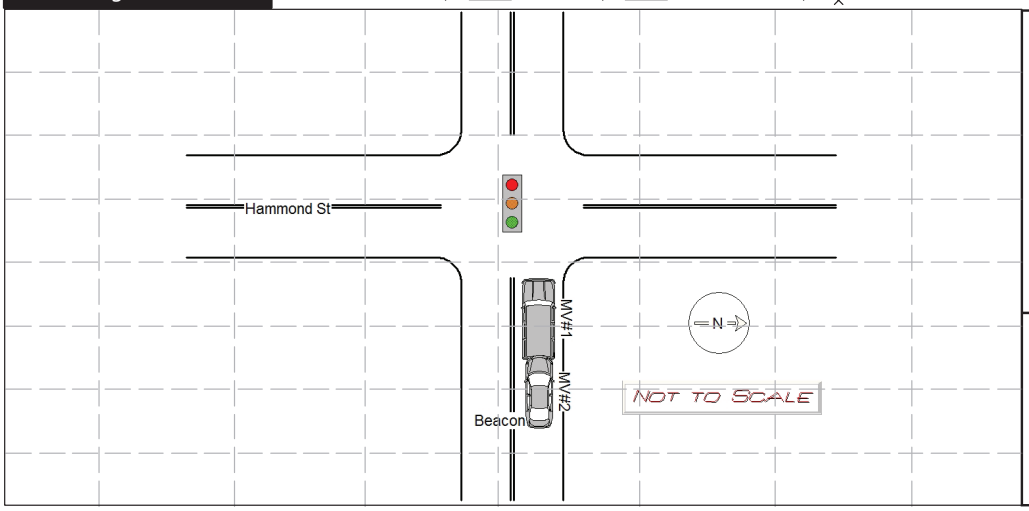
Please fill out for operator and all occupants involved

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	--------	---	---	99	4	99	0	0	10	1	NONE

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 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

Crash Narrative:

MV#1 was stopped on Beacon St for the red light at the intersection of Beacon and Hammond. MV#2 was coming up behind MV#1 and did not stop in time, and crashed into the rear of MV#1.

No injuries occurred.

Both vehicles were driven off 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 [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]

JOHN D BERGDORF			NEWTON POLICE DEPARTM		03/01/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date