

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/09/2021		Time of Crash 08:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 2	Speed Limit 30 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	
Route# Direction Name of Roadway/Street At				EAST 269 WATERTOWN ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	1
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000169							
License # --- St MA DOB/Age ---				Reg # 6HY959 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2011 Veh Make CHEV Veh Config. 2 20									
Operator FRANCHI RACHEL Last First Middle				Owner FRANCHI ROBERT Last First Middle									
Address 277 NEVADA ST				Address 277 NEVADA ST									
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458									
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 21 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 21 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 16 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
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													
FRANCHI, JULIAN 277 NEVADA ST NEWTON, MA 02458													
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 --- Last First Middle				Owner --- Last First Middle									
Address ---				Address ---									
City --- State --- Zip ---				City --- State --- Zip ---									
Insurance Company ---				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? ---				Event Sequence 22 22 22 22 2 3 4									
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													
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													

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

#269 Watertown St

Unit 1

Unit 1

Unit 1

Indicate North by Arrow

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

If Crash Did Not Occur on a Public Way:

Crash Narrative:

On March 9th, 2021 at approximately 08:51 hours while working N491 I responded to the area of #265 Watertown St for a report of a MV crash with possible entrapment.

On my arrival I located a black Chev Suburban MA reg 6hy959 crashed into a tree in front of #269 Watertown St

The operator, later identified as Rachel Franchi, dob 05/10/1981 was still inside the vehicle. She was bleeding from her forehead. I attempted to talk with her but she appeared dazed and confused.

I spoke with a witness, identified as Sarah Plesh. She reported traveling W/B on Watertown St when she observed the Black Suburban who had been coming E/B suddenly veer off the road and crash into a tree. Witness stopped her vehicle and exited to check on the condition of the driver. She observed the operator whom she thought to be having a medical emergency. Witness then noticed a small child in the back seat. The car doors

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PLESH, SARAH,	,	----	Y

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

→ 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:

were all locked but witness was able to get the child to unlock the doors. Witness then removed the child from the car and held him to police arrived on scene.

Operator had to be coaxed out of her vehicle with the assistance of medical personnel.

She was later transported to Newton Wellesley by Fallon Ambulance.

Tody towed the vehicle. Pictures of the damaged city tree were taken by SGT Fleming and later emailed to the IT bureau.

Father of child, Robert Franchi arrived on scene and took custody of the child, Julian, dob 12/12/2015. He didn't appear to have suffered any injuries from this crash.

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 DEPART

03/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date