

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/09/2021	Time of Crash 15:37 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 21 PARKER ST Route# Direction Address # Name of Roadway/Street				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				2 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 2100000171		
License # --- St MA DOB/Age ---			Reg # 369KN2 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2012 Veh Make PORSCHE Veh Config. 2 20		
Operator ZAKAK CHRISTOPHER V			Owner (Same as operator)			Address			Address		
Address 20 WEBSTER CT			City NEWTON State MA Zip 02459			City State Zip			City State Zip		
Insurance Company THE HANOVER INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 5 24 24			Underride/Override 25 Towed Y		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled		
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			Operator		
Operator			See Above			Operator			Operator		
Operator			Operator			Operator			Operator		
Operator			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 # 1JTD13 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL ---			Veh Year 2008 Veh Make JEEP Veh Config. 2 20		
Operator BAINES BENJAMIN BLUE			Owner RICE REBECCA M			Address 29 RIVERVIEW ST			Address 29 RIVERVIEW ST		
Address 29 RIVERVIEW ST			City DEDHAM State MA Zip 02026			City DEDHAM State MA Zip 02026			City DEDHAM State MA Zip 02026		
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 5 24 24			Underride/Override 25 Towed Y		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled		
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			Operator/Non-Motorist		
Operator/Non-Motorist			See Above			Operator/Non-Motorist			Operator/Non-Motorist		
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist		
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

21 Parker Street

Unknown Vehicle

Parker Street

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:

Operator of MV1 states he was traveling southbound on Parker Street when an unknown vehicle in front of him came to an abrupt stop, which he applied his brakes and MV2 rear ended MV1. Operator of MV1 complained of back pain and was evaluated by the medics with a signed patient refusal. MV1 was disabled and sustained damage to the rear end. MV1 was towed from the scene.

Operator of MV2 states he was traveling southbound on Parker Street when MV1 came to an abrupt stop and MV2 rear ended MV1. Operator of MV2 states he witnessed a pedestrian crossing the street in the crosswalk, which is most likely why the unknown vehicle came to a stop. Operator of MV2 was evaluated by the medics for injuries and signed a patient refusal. MV2 was disabled and sustained front end damage. MV2 was towed 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

TIMOTHY F KEEFE

NEWTON POLICE DEPT

03/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date