

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/10/2021	Time of Crash 15:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 1860 BEACON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000172		
License # _____ St MA DOB/Age _____			Reg # 8BK125 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make HON Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Owner DANSINGER MICHAEL E			Address 284 LANGLEY RD.					
Operator DANSINGER MALACHAI			City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02465					
Insurance Company AMICA			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Towed Y					
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											
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			99			4		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>2</u> #Occupants										<input type="checkbox"/> Non-Motorist A Type 14	
License # _____ St MA DOB/Age _____										Reg # 2CLL74 Reg Type PAN Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Veh Year 2011 Veh Make HONDA Veh Config. 1 20	
Operator MARCELUS YVON										Owner (Same as operator)	
Address 44 SEYMOUR ST (apt. 1)										Address _____	
City ROSLINDALE State MA Zip 02131										City _____ State _____ Zip _____	
Insurance Company GEICO										Vehicle Action Prior to Crash 2 21	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N										Event Sequence 1 22 1 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 N	
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			99			5		
MARCELUS, LINDA									F		

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street							10
						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
2	Route# Direction Name of Intersecting Roadway/Street					Landmark							
3	<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000172						
4	License # --- St MA DOB/Age ---					Reg # 78G950 Reg Type PAN Reg State MA							12
	Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____					Veh Year 2005 Veh Make NISSAN Veh Config. 1 20							
	Operator PHILEMOND RICHARD Last First Middle					Owner (Same as operator) Last First Middle							
5	Address 8 CLAXTON ST (apt. 1)					Address _____							
	City ROSLINDALE State MA Zip 02131					City _____ State _____ Zip _____							
	Insurance Company PLYMOUTH ROCK					Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
6	Vehicle Travel Direction: N S X W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2 3 4							
	Citation # (If Issued) _____					Most Harmful Event 1 23 1 9 10 Undercarriage 11 Totaled							
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 1 24 24 8 7 6							
7	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N							
	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												
8	Operator					See Above							
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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

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:

The witnesses in the cross walk stated she was waiting for cars to stop to let her cross the road. Vehicle 3 stopped for her, then she saw vehicle 1 crash into vehicle 2 which then crashed into vehicle 1. She was not hit.

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

THOMAS BANNON

NEWTON POLICE DEPART

03/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date