

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 04/03/2021	Time of Crash 03:59 24HR	City/Town NEWTON	Number Vehicles 2	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 821 WASHINGTON 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				Route# Direction Name of Roadway/Street 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 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000230		
License # --- St MA DOB/Age ---			Reg # RS202P Reg Type PAN Reg State MA			Veh Year 2009 Veh Make NISSAN Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2009 Veh Make NISSAN Veh Config. 1 20			Owner PECK SUSANNA			Address 59 COURT ST		
Operator HUGGINS JESSE			Owner PECK SUSANNA			Address 59 COURT ST			City NEWTONVILLE State MA Zip 02458		
Address 2 OLMSTED RD			City BROOKLINE State MA Zip 02445			Insurance Company THE COMMERCE INSURANCE COMPANY			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 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Diagram: 1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
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			1 4 4			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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # --- St MA DOB/Age ---			Reg # 954TS9 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make HYUNDAI Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010 Veh Make HYUNDAI Veh Config. 1 20			Owner GREELEY JORDAN			Address 654 WEST MAIN ST		
Operator PINEDA KEVIN			Owner GREELEY JORDAN			Address 654 WEST MAIN ST			City AVON State MA Zip 02322		
Address 155 ROBBINS ST			City WALTHAM State MA Zip 02451			Insurance Company CITIZENS INSURANCE COMPANY			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 2			Most Harmful Event 1 23			Driver Contributing Code 97 24 5 24		
Citation # (If Issued) T 208079			Underride/Override 25 Towed N			Diagram: 1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 90/24/E Sec _____											
Violation 3: Ch 85/36 Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			1 4 4			0 0 10 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

821 WASHINGTON ST

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:

On Saturday, 4/3/2021, at approximately 0400 hours, I Ofc Murphy and 492 Ofc Helms were dispatched to a MVA hit and run on 767 Washington St. The victim and operator of MV 1, Mr. Jesse Huggins stated he was rear ended and MV 2 continued eastbound on Washington St and took a right onto Harvard St.

I arrived on scene and spoke to Jesse. Jesse stated the accident occurred further westbound on Washington St at the approximate location of 821 Washington St. Jesse stated MV 1 was traveling eastbound on Washington when he was rear ended by MV 2. MV 2 continued driving eastbound on Washington St and took the first right hand turn onto Harvard St. MV 1 sustained heavy damage to the rear and both rear tires. Jesse was not injured from the accident. MV 1 was towed by Todys. A towed motor vehicle sheet was filled out and filed in the proper basket.

(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

DONALD MURPHY

NEWTON POLICE DEPART

04/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

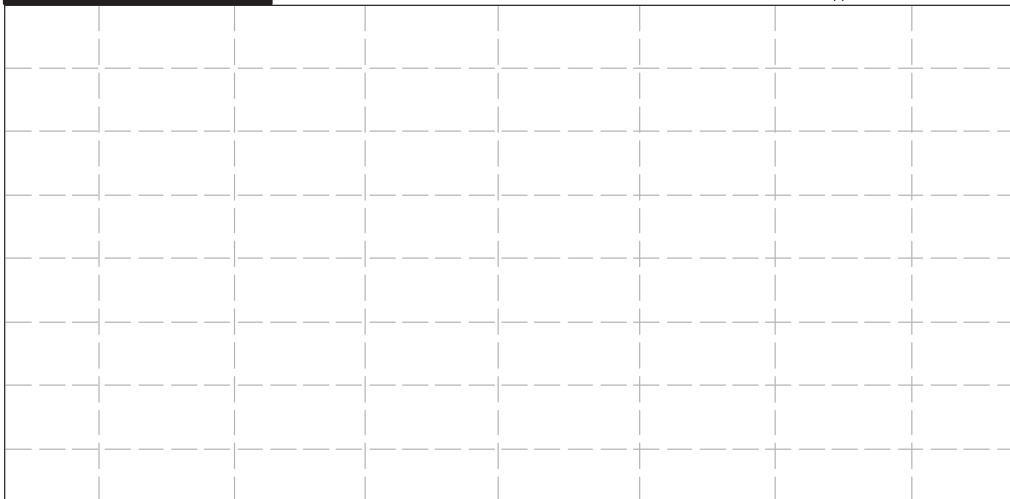
Precinct/Barracks

Date

→ 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:

On Saturday, 4/3/2021, at approximately 1500 hours, Mr. Kevin Pineda called the station and admitted he was operating MV 2. Kevin is the brother in law to the owner of MV 2, Jordan Greeley. At approximately 1600 hours, Kevin came into the station and spoke with me. Kevin stated he was driving MV 2 home from work to his brothers house 28 R Meadow St from the job site on Calvary St in Waltham.

Kevin further stated he remembered being behind MV 1 on Washington St and began to fall asleep behind the wheel near the intersection of Washington St and Walnut St. At 821 Washington St MV 2 rear ended MV 1. Kevin stated the impact woke him up and panicked him. Kevin stated he was scared because he has a bad driving record and did not want to lose his license again. Kevin further stated he continued operating MV 2 Eastbound on Washington St to Potter St.

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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

DONALD MURPHY

NEWTON POLICE DEPT.

04/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

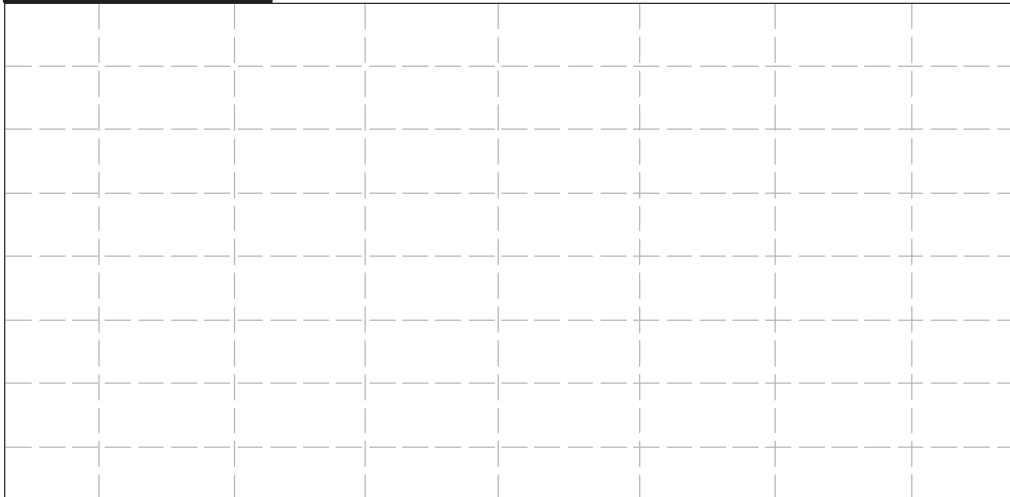
Precinct/Barracks

Date

→ 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:

Kevin was issued Massachusetts Uniform Citation T 2080797 for MGL Ch 90/24(2) Leaving the Scene of property damage. For crashing into MV 1, acknowledging the crash and continuing to operate MV 2 away from the scene, MGL Ch 90/ 24(2)A Operating to Endanger. For falling asleep at the wheel and creating an unsafe environment for other drivers, MGL Ch 85/36 Spilling or inadequately covered load for continuing to operate MV 2 while fluid leaked from radiator onto the road way. All streets listed are public ways in the City of Newton. Due to Kevin's driver history and today's incident, an immediate threat form was filled out and emailed to the RMV.

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

DONALD MURPHY

NEWTON POLICE DEPT.

04/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date