

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/13/2021		Time of Crash 17:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 1	Speed Limit 25 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	
1 SOUTH CENTRE ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
2 WEST COMMONWEALTH AVE													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____						11			
				Route# Intersecting Roadway/Street						2			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000261							
License # --- St MA DOB/Age ---				Reg # 9282 Reg Type PAR Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2020 Veh Make CHEVROLET Veh Config. 1 20									
Operator DAILEY EDWARD J				Owner (Same as operator)								12	
Address 67 MAPLEWOOD AVE				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company BANKERS STANDARD INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
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												1	
Operator See Above ----- --- 1 4 99 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age ---				Reg # 7PMW70 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20									
Operator ROPER JEAN				Owner (Same as operator)									
Address 19 PARK DR				Address _____									
City NEWTON State MA Zip 02461				City _____ State _____ Zip _____									
Insurance Company THE COMMERCE INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 1 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totalled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
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 ----- --- 1 4 99 0 0 10 1													

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/13/2021	Time of Crash 17:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 3 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000261	
License # --- St MA DOB/Age ---			Reg # 9AR249 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20	
Operator KATZ RAFAEL			Owner (Same as operator)			Address			Address	
City NEWTON State MA Zip 02460			City State Zip			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company VERMONT MUTUAL INSURANCE			Event Sequence 1 22 1 22 22 22 2			Most Harmful Event 1 23			10 Undercarriage	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			11 Totaled	
Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)	
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec	
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility	
Operator See Above			Operator See Above			Operator See Above			Operator See Above	
MACALLA, LAUREN			MACALLA, LAUREN			MACALLA, LAUREN			MACALLA, LAUREN	
934 WALNUT ST NEWTON, MA 02461			934 WALNUT ST NEWTON, MA 02461			934 WALNUT ST NEWTON, MA 02461			934 WALNUT ST NEWTON, MA 02461	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 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 # 7PSE30 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2016 Veh Make JEEP Veh Config. 1 20	
Operator DALUZ ALEXANDRE			Owner (Same as operator)			Address			Address	
City REVERE State MA Zip 02151			City State Zip			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company LIBERTY MUTUAL			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			10 Undercarriage	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N			11 Totaled	
Citation # (If Issued) T2014419			Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)	
Violation 1: Ch 90/11/A Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec	
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility	
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above	

→ 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:

MV1 stated they were facing southbound on Centre St. sitting at a red light at the intersection of Commonwealth Ave. when they felt their vehicle was hit lightly from the rear by MV2. MV1 sustained no injuries or damage to their vehicle.

MV2 stated they were stopped at a red light facing southbound on Centre St. at the intersection of Commonwealth Ave. MV3 hit the rear of MV2 and the vehicle went forward and lightly tapped MV1. MV2 had no injuries and minor damage to the rear end of the vehicle.

MV3 stated they were stopped at a red light facing southbound on Centre St. at the intersection of Commonwealth Ave. when MV4 crashed into the rear of their vehicle. MV3 sustained heavy rear end damage, minor front end damage and was towed by Tody's. In the vehicle was a sick cat, which was transported to the Vet by

(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

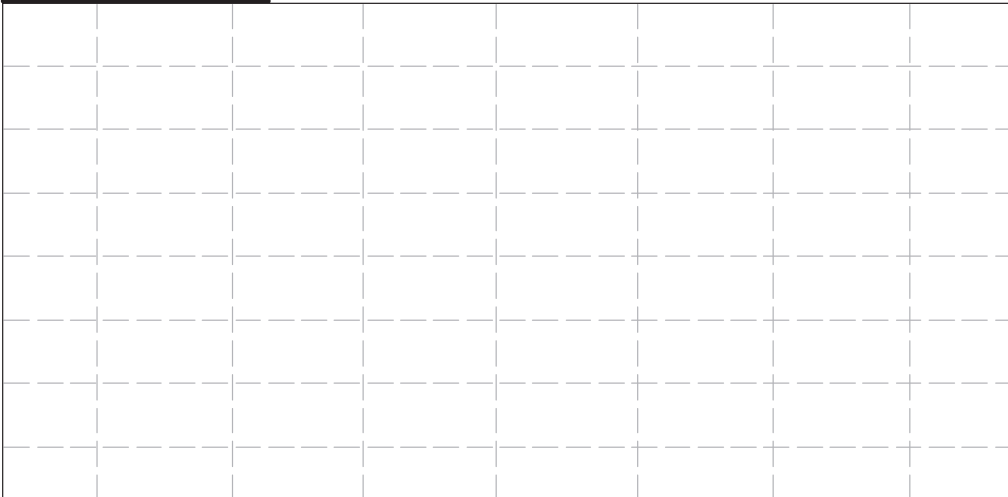
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ 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:

Newton Police Animal Control. Passenger in MV3 was taken to Newton-Wellesley Hospital for minor injuries. A towed MV form was completed, MV3 took all valuables prior to tow.

MV4 stated they were traveling southbound on Centre St. towards the set of lights at Commonwealth Ave. MV4 stated they attempted to hit the breaks for the red light and rear ended MV3. MV4 sustained minor front end damage. MV4 was issued MA Citation #T2014419 MGL Ch.90 s11 License not in Possession.

Photos were taken of the scene and sent to IT.

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 MILDNER

NEWTON POLICE DEPART

04/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date