

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/10/2021	Time of Crash 05:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 303 AUBURN ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				Feet N S E W of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000326		
License # --- St MA DOB/Age ---			Reg # 922WA6 Reg Type PAN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				
Operator COPLEY NICHOLAS			Veh Year 2010 Veh Make TOYOTA Veh Config. 2 20				Owner (Same as operator)				
Address 117 PROSPECT ST			Address _____				City _____ State _____ Zip _____				
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 2 22 22 22 22				Event Sequence 2 23 23 24 24				
Citation # (If Issued) _____			Most Harmful Event 2 23				Driver Contributing Code 97 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y				8 7 6				
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				26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code				
Operator See Above			-----				1 1 4 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14			Action 15			Location 16		
License # --- St DOB/Age ---			Reg # J95164 Reg Type CON Reg State MA				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				
Operator _____			Veh Year 2003 Veh Make GMC Veh Config. 2 20				Owner MUNICHIELLO WILLIAM				
Address _____			Address 51 PEARSON RD				City BELMONT State MA Zip 02478				
Insurance Company STANDARD FIRE			Vehicle Action Prior to Crash 11 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				Event Sequence 1 23 23 24 24				
Citation # (If Issued) _____			Most Harmful Event 1 23				Driver Contributing Code 1 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N				8 7 6				
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				26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code				
Operator/Non-Motorist See Above			-----				1 1 4 0 0 10 1				



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

303 Auburn St.

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:**

At approximately 0558Hrs on Monday, May 10, 2021, I responded to 303 Auburn St. for a report of a 3 car motor vehicle crash. Upon arrival, I observed the 3 vehicles in question, which included MV1 (MA Pass: 922WA6) in the roadway and MV 2 (MA Con:J95164)/MV3 (MA Pass:3CR718) which were angle parked. Upon speaking with the operator of MV1, they stated that they were traveling on Auburn St. (West Bound), when their coffee cup fell out of the cup holder and as they attempted to catch it, they inadvertently caused MV1 veer out of the roadway, colliding with MV2 and push it into MV3 and a city tree in front of the above address. Upon processing the scene, I observed damage to the driver's side fender/hood area of MV1, where it struck MV2. MV2 sustained damage to its driver's side fender/hood area, center bumper/hood area and passenger's side fender/hood area; its rear bumper where it struck the tree did not show any signs of

(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

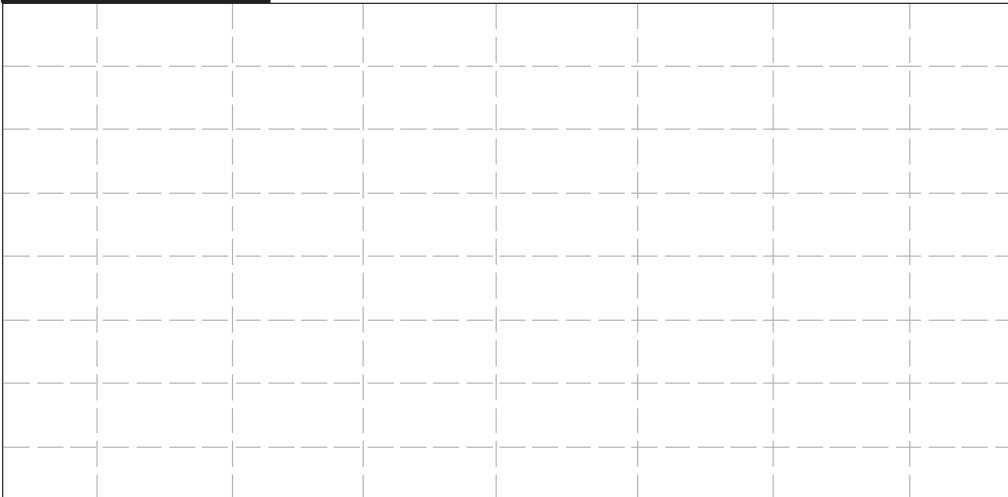
**Hazmat Information:**

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:

outward damage. MV3 sustained damage to its driver's side fender/bumper area. The operator of MV1 reported no injuries and the remaining 2 operators were inside a local eatery during the time of the crash.

Todys Services arrived and removed MV1, while MV2/MV3 were driven away. Dispatch notified Forestry to examine the tree. And I cleared without incident.

#### 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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

05/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date