

|  |  |                                  |                               |  |  |                                      |                     |                      |                     |   |  |  |  |
|--|--|----------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|----------------------|---------------------|---|--|--|--|
| Police Use Only  |  |                                  | Commonwealth of Massachusetts |  |  |                                      | RMV Document Number |                      |                     |   |  |  |  |
| Date of Crash<br>06/06/2021  |  | Time of Crash<br>20:01<br>24HR   |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>3 | Number Injured<br>3 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:   |  |                                  |                               | < LOCATION >   |  | NOT AT INTERSECTION:                 |                     |                      |                     |   |  |  |  |
| <div>WEST<br/>COMMONWEALTH AVE</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH<br/>WASHINGTON ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>  |  |                                  |                               | <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>  |  |                                      |                     |                      |                     |   |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants   |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped   |  | Case Number 2100000406               |                     |                      |                     |   |  |  |  |
| License # --- St MA DOB/Age ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL<br>Operator BLUMENTHAL ROBERT HOWARD<br>Address 78 CENTRAL ST<br>City AUBURNDALE State MA Zip 02466<br>Insurance Company ARBELLA MUTUAL INSURANCE COMPANY<br>Vehicle Travel Direction: N S E X Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |                                  |                               | Reg # 957YC9 Reg Type PAN Reg State MA<br>Veh Year 2006 Veh Make BMW Veh Config. 2 20<br>Owner (Same as operator)<br>Address<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 20 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24<br>Underride/Override 25 Towed Y<br>    |  |                                      |                     |                      |                     |   |  |  |  |
| 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  |  |                                  |                               | Operator See Above --- --- 1 3 1 0 0 8 2   |  |                                      |                     |                      |                     |   |  |  |  |
| BLUMENTHAL, DENISE 78 CENTRAL ST NEWTON, MA 02466 --- F 3 1 3 1 0 0 8 2  |  |                                  |                               |  |  |                                      |                     |                      |                     |   |  |  |  |
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|  |  |                                  |                               |  |  |                                      |                     |                      |                     |   |  |  |  |
| 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 ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL<br>Operator JOVIN JEAN P<br>Address 81 WALCOTT STREET<br>City MALDEN State MA Zip 02148<br>Insurance Company ALLSTATE INSURANCE COMPANY<br>Vehicle Travel Direction: N X E W Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                   |  |                                  |                               | Reg # 4WF475 Reg Type PAN Reg State MA<br>Veh Year 2016 Veh Make HONDA Veh Config. 2 20<br>Owner (Same as operator)<br>Address<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 20 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 15 24 24<br>Underride/Override 25 Towed Y<br> |  |                                      |                     |                      |                     |   |  |  |  |
| 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  |  |                                  |                               | Operator/Non-Motorist See Above --- --- 1 3 1 0 0 8 2  |  |                                      |                     |                      |                     |   |  |  |  |
|  |  |                                  |                               |  |  |                                      |                     |                      |                     |   |  |  |  |
|  |  |                                  |                               |  |  |                                      |                     |                      |                     |   |  |  |  |
|  |  |                                  |                               |  |  |                                      |                     |                      |                     |   |  |  |  |



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington Street

Commonwealth Avenue

Newton Fire Station 2

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:**

Motor vehicle 1 (MV1) was traveling westbound on Commonwealth Avenue when motor vehicle 2 (MV2), which was traveling southbound on Washington Street, went through the red light and crashed into the passengers side of MV1. It should be noted that a black sedan (MV3) was just involved in a road rage incident and a subsequent chase with MV2, as the occupant of MV3 apparently threatened to shoot and kill the operator of MV2 (See Incident Report #21024248). As a result of the crash MV1 sustained significant passengers side damage, while MV2 sustained significant front end damage. It is unclear if MV3 was involved in the crash or sustained any damage.

**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

ALEXANDER COLETTI      28070      NEWTON POLICE DEPT      06/06/2021

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00