

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/11/2021	Time of Crash 19:44 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:					
COMMONWEALTH AVE										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ • _____ or _____							
Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number							
Also at Intersection with			Feet N S E W of _____							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000421			
License # --- St MA DOB/Age ---			Reg # JF776L		Reg Type PAS		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make LEXUS		Veh Config. 2 20			
Operator MANDEL MAXIMILIAN			Owner MANDEL GREGORY							
Address 171 WARD ST			Address 171 WARD							
City NEWTON State MA Zip 02459			City NEWTON		State MA Zip 02459					
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 1 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 22 22 22 22		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		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		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 4 4 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # 53A990		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013		Veh Make LEXUS		Veh Config. 2 20			
Operator PETERSON JENNA			Owner PETERSON THOMAN							
Address 10 HAMPSHIRE ST			Address 10 HAMPSHIRE ST							
City NEWTON State MA Zip 02465			City NEWTON		State MA Zip 02465					
Insurance Company ARBELLA MUTUAL			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 1 22 22 22 22		Event Sequence 1 22 22 22 22		10 Undercarriage			
Citation # (If Issued) T2080447			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totalled			
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 20 24 24		Driver Contributing Code 20 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		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 4 0 0 10 1					
WOO, CECILLA			F 3 1 4 4 0 0 10 1							
FRULONG, MAGGI			F 4 1 4 4 0 0 8 1							
WANG, WINNIE			F 6 1 4 4 0 0 10 1							

→ 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:

Vehicle #1 stated he was traveling southbound on hammond st. Vehicle #1 stated he was stopped at the red light and once the light turned green, he proceeded through the intersection when he witnessed Vehicle #2 speed into the intersection and he was unable to stop. Vehicle #1 struck Vehicle #2 in the rear right side. Vehicle #2 stated they were traveling westbound on commonwealth ave when they stated they had a green light and drove through the intersection. Vehicle #2 stated they were struck from the side by Vehicle #1. A witness who was in Vehicle #3 behind Vehicle #1 stated they were stopped at a red light on hammond st. and when the light turned green she witnessed Vehicle #2 blow the red light and was struck by Vehicle #1. The witness stated she and Vehicle #1 had a solid green light at the time they entered the intersection. At the time of the crash there were four parties inside Vehicle #2. After the crash Vehicle #2 left the

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
VANBUSKIRK, JANET, L	29 BELMONT STREET NEWTON, MA 02458	-----	N

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

DERICK ALAN SIEGAL	30878	NEWTON POLICE DEPART	06/11/2021
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 <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

scene after they thought Vehicle #1 had left and dropped off two passengers before returning to the scene of the accident. I spoke with the two passengers who were not present at the scene who both stated they were inside Vehicle #2 at the time of the crash and Vehicle #2 had a clear red light which they failed to stop for. One of these passengers was complaining of a head injury and was currently at a hospital being evaluated.

Vehicle #1 had moderate damage to the front of the vehicle and was able to be driven away. Vehicle #2 had moderate damage to the right rear side and was able to be driven away.

All drivers and passengers on scene were asked if they were injured which they stated they were not and declined any medical attention.

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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

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Hazmat Information:

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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

Due to multiple witnesses stating Vehicle #2 failed to stop for the red light, a citation was issued to the driver for MGL 89/9 Fail to stop/red light on MA Uniform Citation T2080447

[illegible]

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard

Material 1 digit #

Material Name

e_____ Material 4 digit #

Release code

42

DERICK ALAN SIEGAL

30878

NEWTON POLICE DEPARTMENT

06/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____