

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/21/2021	Time of Crash 13:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 25 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		NORTH 238 GRANT AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		Feet N S E W of Route# Intersecting Roadway/Street		
Route# Direction Name of Intersecting Roadway/Street		Landmark		

<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 2100000450
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License # --- St MA DOB/Age -- -- --	Reg # 5LF578 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment	Veh Year 2007 Veh Make HONDA Veh Config. 1 20
Operator CELENIS JOHNSON Last First Middle	Owner (Same as operator) Last First Middle
Address 21 WHITE HILL ST	Address
City TAUNTON State MA Zip 02780	City State Zip
Insurance Company LIBERTY MUTUAL	Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: X S E W Responding to Emergency? N	Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23
Citation # (If Issued)	Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y
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		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	---	---	---	99	4	99	0	0	8	2	NWH
ST. PIERRE, REGINE	21 WHITE HILL ST TAUNTON, MA 02780	---	F	3	99	4	99	0	0	8	2	NWH

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
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License # --- St MA DOB/Age -- -- --	Reg # USG749 Reg Type PAS Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment	Veh Year 2018 Veh Make LAND ROVER Veh Config. 2 20
Operator KESSLER DEBRA Last First Middle	Owner (Same as operator) Last First Middle
Address 32 PARK AVE	Address
City NEWTON State MA Zip 02458	City State Zip
Insurance Company BANKERS STANDARD	Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: X S E W Responding to Emergency? N	Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23
Citation # (If Issued)	Driver Contributing Code 19 24 24 Underride/Override 25 Towed N
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		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	---	---	---	99	4	99	0	0	10	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Grant Ave

Beacon St

Unit 2

Unit 1

#268

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:

Mv#1 operator stated he came to a stop on Grant Ave N/B at #238 for a vehicle that was backing out of that driveway. #1 stated at that time he was rear ended by Mv#2. #1 operator was outside on the sidewalk when I arrived on scene. #1 stated he had neck and back pain from being rear ended. #1 front seat passenger stated she had neck pain. #1 operator already exchanged #2 operator and vehicle info. #2 left scene prior to my arrival. Both #1 occupants were evaluated and transported by medics to NWH for further evaluation. #1 was towed by Tody's with moderate rear end damage.

I responded to #2 operator address to get a statement. #2 was not home. Her statement was taken over the phone. #2 stated she was travelling on Beacon St E/B, turned N/B on Grant Ave then couldn't stop in time and rear ended #1. #2 was not injured and stated she had minor front end 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