

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 07/17/2021	Time of Crash 11:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
EAST FRANKLIN ST Route# Direction Name of Roadway/Street At SOUTH WAVERLEY AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000520					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator DANIEL BERHE Address 18 GILBERT CT City MALDEN State MA Zip 02148 Insurance Company GEICO			Reg # 3PMK11 Reg Type PAN Reg State MA Veh Year 2005 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 51 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 10 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T1445433 Violation 1: Ch 90/24 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totalled 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			See Above		-----		---		99 99 99 0 0 99 1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator CARNEY JESSICA Address 194 EMERSON ST (apt. 3) City SOUTH BOSTON State MA Zip 02127 Insurance Company ARBELLA MUTUAL			Reg # 1XEF21 Reg Type PAN Reg State MA Veh Year 2016 Veh Make JEEP Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 23 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed Y									
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totalled 8 7 6									
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Operator/Non-Motorist			See Above		-----		---		1 4 4 0 0 10 1			
KLIMM, MADELINE			28 EASTERLY DR E SANDWICH, MA 02537		-----		F 3		1 4 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Franklin St

Waverley Ave

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 described as dark gray pick up truck was traveling Eastbound on Franklin St. MV2 (MA Reg: 1XEF21) was traveling Northbound on Waverley Ave. MV1 crashed into MV2 driver side back passenger door, causing MV2 to spin 90 degrees and crash into a traffic light at the Northeast corner of Waverley Ave and Franklin St causing damage to the trunk and damage to the Traffic light owned by the City of Newton (5 photos taken, placed in IT). MV1 did not stop and continued to Eastbound on Franklin St. The operator of MV2 (Jessica CARNEY) and her passenger (Madeline KLIMM) both signed patient refusals with Fallon ambulance. MV2 was towed by Tody's towing. There was a plate baring MA Registration : 3PMK11 left behind on scene which comes back to 2005 Ford Explorer, registered to a Berhe DANIEL. Berhe DANIEL is being issued a criminal complaint (Citation# T1445433) for MGL Ch. 90 s.24- Leaving the scene- property damage. Contacted

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
MORRISON, KATHLEEN,	,	----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	TRAFFIC LIGHT

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

