

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/26/2021		Time of Crash 16:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				SOUTH		CHESTNUT ST.						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker or Exit Number							
				Feet N S E W of		PINERIDE RD.						11	
Route# Direction		Route# Intersecting Roadway/Street						2					
						Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000550							
License # --- St MA DOB/Age ---				Reg # 2MG765		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2008		Veh Make TOYT		Veh Config. 2 20					
Operator PIERCE STEVEN				Owner (Same as operator)									12
Address 18 WELSFORD ST				Address									
City BROCKTON State MA Zip 02302				City		State		Zip					
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 2 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		2 3 4		10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 1 23		1 24 24		11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				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													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 5 4 0 0 10 1 NA					
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 ---				Reg # 8RZ262		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 M 18 Lic. Restrictions I 19 CDL Endorsment				Veh Year 2011		Veh Make SUBA		Veh Config. 1 20					
Operator FITZGERALD REILLY				Owner (Same as operator)									
Address 39 PUTNAM ST				Address									
City NEWTON State MA Zip 02465				City		State		Zip					
Insurance Company HANOVER INS				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		2 3 4		10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 1 23		20 24 24		5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 20 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
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 NA					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Chestnut St.

Pine Ridge Rd.

Veh 1

Veh 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:

On 7/26/21 I was working N495 when I was traveling northbound on Chestnut St. at Pineridge Rd. I observed a 2 car MVA. I spoke with both parties who stated they were uninjured. The operator of Veh 1 Steven Pierce stated he was traveling southbound on Chestnut St. when a pedestrian attempted to cross the road. Pierce stated he slowed down to allow the pedestrian to cross when he was rear ended by Veh 2.

I spoke with the operator of Veh 2 Rielly Fitzgerald who stated he was traveling southbound on Chestnut St. when he reached down to get his water. Rielly stated when he looked back on the road the vehicle in front of him had come to stop. Reilly attempted to come to a stop but collided with Veh 1.

Both parties were provided a report number. Veh 2 was towed by Todys.

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