

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | |
|---|--------------------------------|---------------------|---|--|---|------------------------|---|--|--|--|--|--|
| Date of Crash 07/27/2021 | Time of Crash 07:40 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 3 | Number Injured 0 | Speed Limit <u>35</u> 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: | | | | | | | |
| NAHANTON ST | | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ | | | | | | | | | |
| WELLS AVE | | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | Landmark _____ | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 210000554 | | | | | |
| License # _____ St <u>MA</u> DOB/Age _____ | | | Reg # <u>1JXV84</u> | | Reg Type <u>PAN</u> | | Reg State <u>MA</u> | | | | | |
| Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year <u>2010</u> | | Veh Make <u>HONDA</u> | | Veh Config. <u>2</u> <u>20</u> | | | | | |
| Operator <u>ELLIS</u> <u>RYAN</u> Last First Middle | | | Owner <u>(Same as operator)</u> Last First Middle | | | | | | | | | |
| Address <u>18 WHALEN DR</u> | | | Address _____ | | | | | | | | | |
| City <u>NORTH ATTLEBORO</u> State <u>MA</u> Zip <u>02760</u> | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company <u>PROGRESSIVE</u> | | | Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | 2 3 4 | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>23</u> | | 1 9 | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> | | 8 7 6 | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>Y</u> | | | | | | | | | |
| 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 1 99 0 0 10 1 | | | | | | | | | |
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| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>2</u> #Occupants | | | <input type="checkbox"/> Non-Motorist A Type <u>14</u> | | Action <u>15</u> Location <u>16</u> Condition <u>17</u> | | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | |
| License # _____ St <u>MA</u> DOB/Age _____ | | | Reg # <u>3KJF84</u> | | Reg Type <u>PAN</u> | | Reg State <u>MA</u> | | | | | |
| Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year <u>2021</u> | | Veh Make <u>JEEP</u> | | Veh Config. <u>2</u> <u>20</u> | | | | | |
| Operator <u>LAUMANN</u> <u>KAYLA</u> Last First Middle | | | Owner <u>(Same as operator)</u> Last First Middle | | | | | | | | | |
| Address <u>47 WILLOW POND DR (apt. 47)</u> | | | Address _____ | | | | | | | | | |
| City <u>ROCKLAND</u> State <u>MA</u> Zip <u>02370</u> | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company <u>COMMERCE</u> | | | Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Event Sequence <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u> | | 2 3 4 | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>23</u> | | 1 9 | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>3</u> <u>24</u> <u>24</u> | | 8 7 6 | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed <u>N</u> | | | | | | | | | |
| 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 | | | ----- --- 99 4 99 0 0 10 1 | | | | | | | | | |
| LAUMANN, SAGE | | | 47 WILLOW POND DR (apt 47) ROCKLAND, MA 02370 --- --- F 6 4 4 99 0 0 10 1 | | | | | | | | | |
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Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|---|---------------------|--|--|---|--|---|--|--|
| Date of Crash 07/27/2021 | Time of Crash 07:40 24HR | City/Town NEWTON | Number Vehicles 3 | Number Injured 0 | Speed Limit 35 Latitude _____ Longitude _____ | State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| Route# Direction Name of Roadway/Street At | | | 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 | | | Feet [N S E W] of _____ | | | | Landmark | | | | |
| <input checked="" type="checkbox"/> Vehicle 3 Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 210000554 | | |
| License # --- St MA DOB/Age --- | | | Reg # 2TRJ24 Reg Type PAN Reg State MA | | | Veh Year 2021 Veh Make MAZDA Veh Config. 1 20 | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Operator RAPEJKO ABIGAIL ROSE | | | Owner (Same as operator) | | | | | |
| Address 63 OLD GRAFTON RD | | | City UPTON State MA Zip 01568 | | | Insurance Company USAA | | | | | |
| Vehicle Travel Direction: [N S X W] Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | | Most Harmful Event 1 23 | | | Driver Contributing Code 1 24 24 | | |
| Citation # (If Issued) _____ | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | 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 | | | | | |
| Please Select One of the Following: | | | <input type="checkbox"/> Vehicle # 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 DOB/Age --- | | | Reg # --- Reg Type --- Reg State 20 | | | Veh Year --- Veh Make --- Veh Config. 20 | | | | | |
| Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | Operator --- | | | Owner --- | | | | | |
| Address --- | | | City --- State --- Zip --- | | | Insurance Company --- | | | | | |
| Vehicle Travel Direction: [N S E W] Responding to Emergency? --- | | | Event Sequence 22 22 22 22 | | | Most Harmful Event 23 | | | Driver Contributing Code 24 24 | | |
| Citation # (If Issued) _____ | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed --- | | |
| 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 | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Wells Ave

Nahanton St

Vehicle #1

Vehicle #2

Vehicle #3

Jewish community Center

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator #1 stated that he was travelling Eastbound on Nahanton St. in the center lane. Operator #1 had a green light to proceed through the intersection of Nahanton St. and Wells Ave. Operator #1 stated that vehicle #2 was directly in front of his vehicle in the center lane. Operator #1 stated that vehicle #2 suddenly slammed on her brakes and attempted to make a left turn into the Jewish Community Centre entrance from the center lane. Operator #1 stated it happened so quickly he was unable to stop in time to avoid colliding with vehicle #2. Operator #2 stated she was in the center lane travelling Eastbound. Operator #2 stated she was following her GPS which instructed her to turn left. Operator #2 stated she slowed suddenly and attempted to make a left hand turn from the center lane, causing vehicle #1 to collide with Vehicle #2. Vehicle #2 was then pushed forward into vehicle #3. Operator of vehicle #3 stated she was in the left

(Continued on next page)

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

DANIEL NARDELLI NEWTON POLICE DEPT. 07/27/2021

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

CDP1 11 -24:00

