

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/27/2021	Time of Crash 14:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	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:			
NORTH CENTRE ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
EAST NATHAN RD 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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000640	
License # --- St MA DOB/Age ---			Reg # 1SYC24 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HOND Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make HOND Veh Config. 2			Operator FALLON EMMA BARRY			Owner FALLON ELLEN B	
Address 128 POND BROOK RD			Address 128 POND BROOK RD			City NEWTON State MA Zip 02467			City BROOKLINE State MA Zip 02467	
Insurance Company STANDARD INSURANCE COMPANY			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			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			Diagram: 10 Undercarriage 11 Totaled				
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										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # LV70558 Reg Type LVN Reg State MA			Veh Year 2015 Veh Make FORD Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015 Veh Make FORD Veh Config. 2			Operator PIERRE ROGER			Owner MEDICAL TRANSPO	
Address 22 HIGH ST (apt. 60)			Address 224 CALVERY STREET			City BROOKLINE State MA Zip 02445			City WALTHAM State MA Zip 02453	
Insurance Company NATIONAL INTERSECTION			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			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Diagram: 10 Undercarriage 11 Totaled				
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										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above										
ROHAN, JOHN			16 IRVING ST WATERTOWN, MA							
HORAN, RICHARD			262 MARKET ST BRIGHTON, MA							

→ 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:

MV1 was traveling northbound on Centre St waiting in traffic for the light to turn green at Centre @ Ward. MV2 was behind MV1 also stopped in traffic waiting for the flow of traffic to travel. MV3 was in the rear of MV1 and MV2. MV3 rear ended MV2 causing a chain reaction and MV2 hit MV1. Airbag deployed in MV3. All parties involved signed a patient refusal. MV3 and MV2 were towed due to damages.

On 09/02/2021 I spoke to MV3 who stated that I had the wrong insurance company listed. I have updated and corrected the insurance company

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

KATELYN MARY POHLMAN NEWTON POLICE DEPT 08/27/2021

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

CDP1 11 -24:00