

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/09/2021		Time of Crash 14:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 1	Speed Limit 30 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:							
<div><div>SOUTH</div><div>CENTRE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>NATHAN RD</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000680							
License # --- St MA DOB/Age ---				Reg # 96YX42 Reg Type PAS Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20									
Operator SCHROEDER JON				Owner (Same as operator)									
Address 69 ELLIOT ST				Address									
City NATICK State MA Zip 01760				City State Zip									
Insurance Company PROGRESSIVE				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					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24				5 11 Totalled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				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				-----				1 4 99 0 0 10 1					
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 # 5DCF20 Reg Type PAS Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018 Veh Make KIA Veh Config. 1 20									
Operator EAGLES CAROLINE				Owner HYUNDAI LEASE TITLING TRUST									
Address 106 JFK CIR				Address 2975 BRCKNRDG BLVD									
City NEWTON State MA Zip 02465				City DULUTH State GA Zip 30096									
Insurance Company COMMERCE				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					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				5 11 Totalled					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N				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/Non-Motorist See Above				-----				1 99 99 0 0 8 2 NWH					

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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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000680	
License # --- St MA DOB/Age ---			Reg # 7HX572 Reg Type PAS Reg State MA			Veh Year 2016 Veh Make LAND ROVER Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator WALDRON VASILINA			Owner (Same as operator)				
Address 492 COMMERCIAL ST (apt. 3)			City BOSTON State MA Zip 02199			Insurance Company PROGRESSIVE CASUALTY				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 2 21			10 Undercarriage 11 Totaled	
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 4 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 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 # 5PP922 Reg Type PAS Reg State MA			Veh Year 2008 Veh Make INFINITI Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator DESIMA PATRICK			Owner JOBOHAM EMILIE				
Address 44 AMERICA SR			City FRAMINGHAM State MA Zip 01702			Insurance Company PROGRESSIVE CASUALTY				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 2 21			10 Undercarriage 11 Totaled	
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 99 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St

NATHAN RD

NOT TO SCALE

N

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:

The operators of MV 2, 3 and 4 were all stopped in traffic on Centre St. by Nathan Rd. Traffic was moderate at the time of the accident, it was raining steadily and the roads were wet. The operator of MV 1 identified as Jon Schroeder stated he was travelling south on Centre St. and attempted to brake as the car in front of him (MV2) stopped, but due to the weather he wasn't able to stop in time and his mv struck MV3 in the rear causing moderate damage. Due to the impact, MV 2 struck MV 3 in the rear causing moderate damage. MV3 was also pushed into MV 4 due to the impact causing moderate damage. The operator of MV2 identified as Carolyn Cimino, was transported to NWH for further evaluation and all other operators signed patient refusals. No vehicles were towed.

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