

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/14/2021	Time of Crash 05:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	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:					
<div><div>EAST COMMONWEALTH AVE</div><div>Route# Direction Name of Roadway/Street At</div><div>SOUTH LEXINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street 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 _____ Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____ Landmark</div></div>					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000696				
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator KIEJNA MEGHAN Address 18 SURRY RD City ARLINGTON State MA Zip 02476 Insurance Company COMMERCE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T1445801 Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Reg # BR75AC Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 2 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 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y					
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					1					
Operator See Above ----- --- 1 3 1 0 0 8 2 NEWTON WELLSLEY										
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ANNESE FRANCIS Address 234 CENTRAL STREET (apt. 4) City NEWTON State MA Zip 02466 Insurance Company ARBELLA 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 _____					Reg # 9635GI Reg Type PAN Reg State MA Veh Year 1998 Veh Make TOYOTA 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 2 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y					
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					1					
Operator/Non-Motorist See Above ----- --- 99 4 4 0 0 8 2 MASS GENERAL										

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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9				
2 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 _____ • _____ or _____ Mile Marker Exit Number				10				
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11				
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6 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company LIBERTY MUTUAL			Reg # 72LX90 Reg Type PAN Reg State MA Veh Year 2006 Veh Make SAAB Veh Config. 2 20 Owner HARRIS R SCOTT Address 38 RICH VALLEY RD City WAYLAND State MA Zip 01778 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled			12		
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Operator/Non-Motorist			See Above								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Regans Auto Body Shop
2066 Commonwealth Ave

Lexington St

Commonwealth Ave

PO

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 9/14/21 at approximately 0530 hours, I responded to the intersection for Commonwealth Ave and Lexington St for a report of a 2 car accident.

On scene I spoke with MV1 who stated that she was driving eastbound on Commonwealth Ave and did not see she had the red light and had hit MV2. She stated that "i know it was my fault".

MV2 was being treated by medics for a potential back and neck injury. He was transported to Mass General Hospital.

Due to the crash, MV2 had hit MV3 that was parked in Regans Auto Bodys lot. MV3 had minor damage.

MV1 was transported to Newton Wellesley Hospital.

Both vehicles were 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

TIFFANY L HAMANN NEWTON POLICE DEPT 09/14/2021

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

CDP1 11 -24-00