

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/16/2021	Time of Crash 15:27 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
CENTRE ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of				Mile Marker Exit Number				
NORTH WINCHESTER ST											
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street								
Also at Intersection with			Feet N S E W of								
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 2100000715		
License # --- St MA DOB/Age ---			Reg # 727BPK Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make AUDI Veh Config. 1 20								
Operator REED JENNIFER			Owner REED JEFFREY								
Address 1314 WALNUT ST			Address 1314 WALNUT ST								
City NEWTON State MA Zip 02461			City NEWTON State MA Zip 02461								
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4					
Citation # (If Issued)			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			11 Totaled					
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 4 0 0 8 2			BETH ISRAEL					
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 # 539JT6 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2011 Veh Make BMW Veh Config. 1 20								
Operator TRAN LIEN LIEN-ANH			Owner LIEN WEI								
Address 105 OLDHAM RD			Address 105 OLDHAM RD.								
City NEWTON State MA Zip 02456			City NEWTON State MA Zip 02465								
Insurance Company VERMONT MUTUAL INSURANCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 1 22 22			2 3 4					
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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								

→ 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:

intersection. Operator 1 stated as she was stopped, she was rear ended.

Operator 2, Lien-Anh Tran lien, stated she was driving Northbound on Winchester St heading towards Centre St when she stopped directly behind vehicle 1. Operator 2 stated she was rear ended by vehicle 3 causing her to then rear end vehicle 1.

Operator 3, Jo Sephus, stated she was driving Northbound on Winchester St. She stated she collided into vehicle 2, which then caused vehicle 2 to collide into vehicle 1. Operator 3 stated she did not have enough time to stop.

A witness, Allison Leary, stated she saw vehicle 1 turn to go around the landscaping truck, and abruptly stop. She stated vehicle 2 stopped directly behind vehicle 1 and vehicle 3 "barreled" into vehicle 2 who then

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

ROBERT DRAGONE

NEWTON POLICE DEPT

09/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

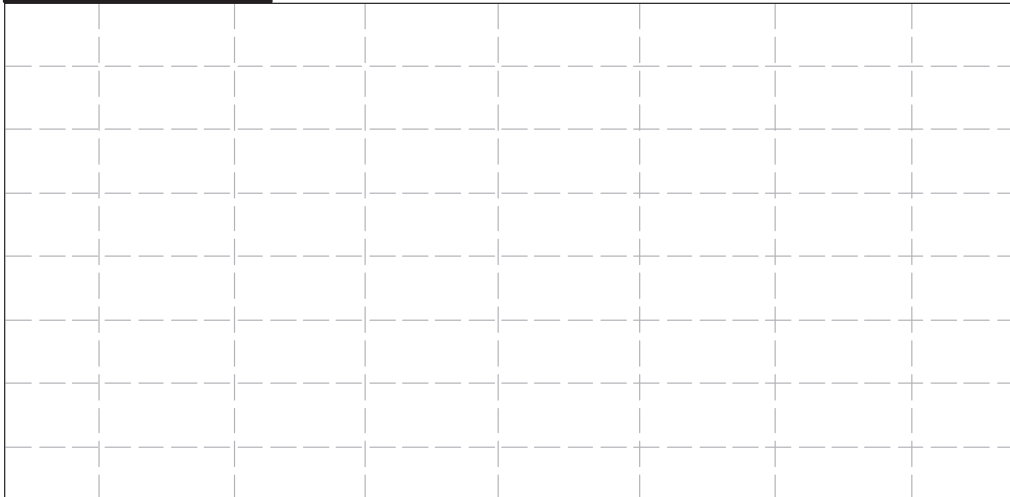
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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Crash Narrative:

collided into vehicle 1.

Operator 1 was transported to Beth Israel-Needham Hospital by Fallon Medics, and her husband, Jeffrey Reed took possession of her vehicle. Operator 2 and 3 signed patient refusals. Vehicle 2 was still operable and vehicle 3 was towed by Tody's Towing.

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ROBERT DRAGONE

NEWTON POLICE DEPART

09/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date