

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/27/2021	Time of Crash 15:42 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 5	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:				
Route# Direction Name of Roadway/Street At			EAST 2066 COMMONWEALTH AVE 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 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000762		
License # --- St MA DOB/Age ---			Reg # 2BFP94 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make VOLVO Veh Config. 2			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		
Operator SCHILLER CARYN			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 693 GREENDALE AVE			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company AMICA MUTUAL			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed N			8 7 6			10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			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. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility			Operator See Above			SCHILLER, EYLA 693 GREENDALE AVE NEEDHAM, MA 02492		
SCHILLER, JACOB 693 GREENDALE AVE NEEDHAM, MA 02492			SCHILLER, MASON 693 GREENDALE AVE NEEDHAM, MA 02492			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		
License # --- St ME DOB/Age ---			Reg # 4451VX Reg Type PAS Reg State ME			Veh Year 2010 Veh Make HYUN Veh Config. 1			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		
Operator FOURNIER KIARA			Owner ROBISON JAMES A			Address 1675 POWNAL RD			City AUBURN State ME Zip 04210		
Address 1675 POWNAL RD			Address _____			City AUBURN State ME Zip 04210			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company STATE FARM			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 5 24 24		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Underride/Override 25 Towed Y			8 7 6			10 Undercarriage 11 Totaled		
Citation # (If Issued) _____			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. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility			Operator/Non-Motorist See Above					

→ 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:

The OP. of MV#1 stated while traveling eastbound on Commonwealth Ave., she slowed down to a stop due to heavy traffic. She was then suddenly rear ended by MV#2.

The OP. of MV#2 stated while traveling eastbound on Commonwealth Ave., MV#1 in front of her suddenly came to a stop. She couldn't brake in time and collided into the rear of MV#1.

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

RAYMOND H CHIEU **NEWTON POLICE DEPT.** **09/27/2021**

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

CDP1 11 -24-00