

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 10/15/2021	Time of Crash 08:32 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			EAST 1200 BEACON ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker Exit Number							
			Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street							
			Feet [N][S][E][W] of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000831	
License # --- St MA DOB/Age ---			Reg # 7HY911 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017 Veh Make FORD Veh Config. 1 20							
Operator ZHENG WEI			Owner (Same as operator)							
Address 60 FISHER AVE			Address							
City NEWTON State MA Zip 02461			City State Zip							
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22				
Citation # (If Issued)			Most Harmful Event 1 23			Most Harmful Event 1 23				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 20 24 19 24			Driver Contributing Code 20 24 19 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Underride/Override 25 Towed N				
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			-----			99 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 # 7TF325 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2016 Veh Make NISSAN Veh Config. 1 20							
Operator GARDNER TIMOTHY			Owner (Same as operator)							
Address 16 GREAT LAKE DR			Address							
City SUDBURY State MA Zip 01776			City State Zip							
Insurance Company NGM			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence 1 22 22 22 22				
Citation # (If Issued)			Most Harmful Event 1 23			Most Harmful Event 1 23				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Driver Contributing Code 1 24 24				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			Underride/Override 25 Towed Y				
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			-----			99 4 99 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1200 Beacon St driveway

Beacon St

Unit 3—Unit 2—Unit 1

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:

Mv#1 operator stated she was travelling on Beacon St E/B in the area of #1200 when she stated she briefly looked down to touch a button on her front dash. At that time, #1 rear ended Mv#2 which in turn rear ended Mv#3. #1 operator signed a patient refusal. #1 sustained significant front end damage and was able to be driven from the scene.

#2 operator was slowing to a stop behind #3 when he was rear ended and pushed forward between both Mv's. #2 operator appeared to be significantly shaken up from impact and was transported by medics with unknown or any injuries. #2 sustained heavy rear end and front end damage, towed by Tody's.

#3 operator stated he came to a stop on Beacon St E/B to allow a pedestrian to cross in a marked crosswalk when he was rear ended by #2. #3 operator signed a patient refusal. #3 sustained significant rear end damage

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
KIRTLEY, JOANNA,	1147 BEACON ST NEWTON, MA 02461	-----	N

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	10/15/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

♀ Pedestrian

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Material Name _____ Material 4 digit # _____ Release code _____

CDP1 11 -24:00