Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
10/24/2021	10:48 24HR	NEWTON	3	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

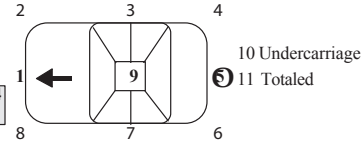
1 / 1 — Route# SOUTH Direction; ALBEMARLE RD Name of Roadway/Street
At
Route# WEST Direction; CRAFTS ST Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# Direction; Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — 2 / 9
Feet N S E W of Mile Marker or Exit Number — 2 / 10
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark — 2 / 11

3 — ☒ Vehicle 1 2 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2100000864

License # --- St MA DOB/Age -- -- ----
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
4 / 1 — Operator FRONK (Last) JANET (First) (Middle)
Address 89 N. LIBERTY ST
City NANTUCKET State MA Zip 02554
Insurance Company SAFETY
5 — Vehicle Travel Direction: N S E ☒ Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 / 1 — Violation 3: Ch Sec Violation 4: Ch Sec

Reg # ACKARK Reg Type PAV Reg State MA
Veh Year 2018 Veh Make MERZ Veh Config. 2 20
Owner (Same as operator) (Last) (First) (Middle) — 1 / 12
Address
City State Zip
Vehicle Action Prior to Crash 2 21
Event Sequence 1 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed Y
Damaged Area Code: (Circle Up to Three)



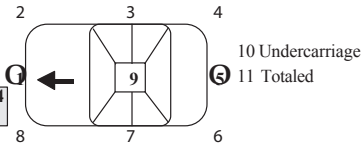
Please fill out for operator and all occupants involved — 1 / 13

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
Operator	See Above	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	
FRONK, ROBERT	89 N. LIBERTY ST NANTUCKET, MA 02554	-- -- ----	M	3	1	4	4	0	0	10	1	

7 / 3 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MD DOB/Age -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
8 / 2 — Operator PATEL (Last) PANKAJKUMAR (First) (Middle)
Address 156 MEADOW ST
City FRAMINGHAM State MA Zip 01701
Insurance Company SAFETY
Vehicle Travel Direction: N S E ☒ Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 4NHK10 Reg Type PAN Reg State MA
Veh Year 2011 Veh Make HONDA Veh Config. 1 20
Owner PATEL (Last) JANKEEBEN (First) (Middle)
Address 156 MEADOW ST
City FRAMINGHAM State MA Zip 01701
Vehicle Action Prior to Crash 2 21
Event Sequence 1 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed Y
Damaged Area Code: (Circle Up to Three)



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	4	0	0	10	1	

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10/24/2021	10:48 24HR	NEWTON	3	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 — Route# | Direction | Name of Intersecting Roadway/Street

9 — Route# | Direction | Address # | Name of Roadway/Street
10 — _____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or _____ Exit Number
_____ Feet [N S E W] of Route# | Intersecting Roadway/Street
11 — _____ Feet [N S E W] of Landmark

3 — ☒ Vehicle 3 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2100000864

License # --- St MA DOB/Age -- -- ----
Sex M | Lic. Class D (18) (18) | Lic. Restrictions 1 (19) | CDL Endorsment
4 — Operator HERRERA (Last) BIELMAN (First) (Middle)
Address 18 NORUMBEGA TER (apt. 23)
City WALTHAM State MA Zip 02453
Insurance Company GENERAL
5 — Vehicle Travel Direction: [N S E X] Responding to Emergency? N
Citation # (If Issued)_____
6 — Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 78M720 Reg Type PAN Reg State MA
Veh Year 2014 Veh Make JEEP Veh Config. 2 (20)
12 — Owner (Same as operator) (Last) (First) (Middle)
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)
Most Harmful Event 1 (23)
Driver Contributing Code 19 (24) (24)
Underride/Override (25) Towed Y
10 Undercarriage
11 Totaled

13 — 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	10	1	

7 — Please Select One of the Following: ☐ Vehicle ___# Occupants | ☐ Non-Motorist A Type (14) Action (15) Location (16) Condition (17) | ☐ Hit/Run | ☐ Moped

License # _____ St _____ DOB/Age _____
Sex____ Lic. Class (18) (18) | Lic. Restrictions (19) | CDL Endorsment
8 — Operator _____ (Last) (First) (Middle)
Address _____
City _____ State_____ Zip _____
Insurance Company_____
Vehicle Travel Direction: [N S E W] Responding to Emergency?____
Citation # (If Issued)_____
Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # _____ Reg Type_____ Reg State_____
Veh Year_____ Veh Make_____ Veh Config. (20)
Owner _____ (Last) (First) (Middle)
Address _____
City _____ State_____ Zip _____
Vehicle Action Prior to Crash (21)
Damaged Area Code: (Circle Up to Three)
Event Sequence (22) (22) (22) (22)
Most Harmful Event (23)
Driver Contributing Code (24) (24)
Underride/Override (25) Towed ____
10 Undercarriage
11 Totaled

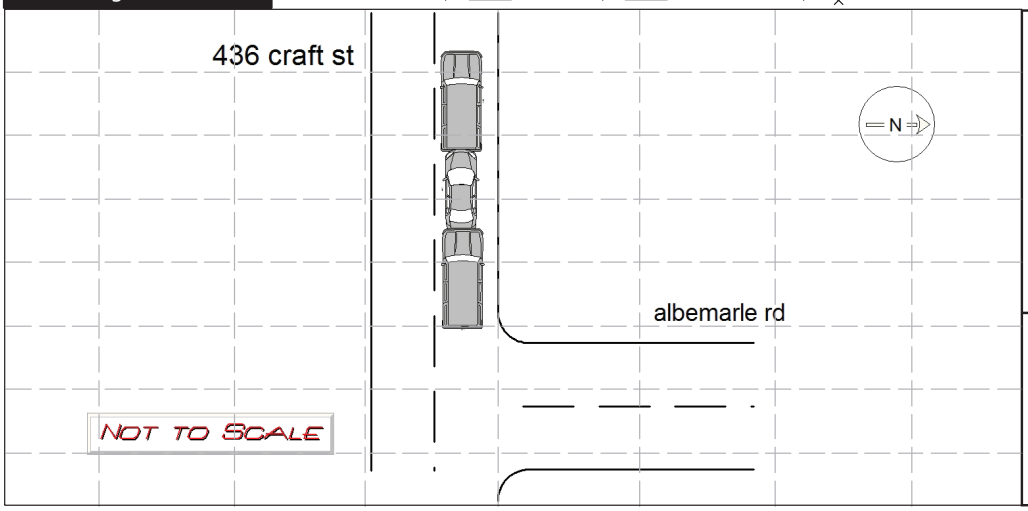
Please fill out for operator and all occupants involved

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	--------	---	---								

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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 10-24-21 AT APPROX. 1048HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CRAFT ST AND ALBEMARLE RD. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING W-BOUND ON CRAFT ST. SHE WAS STOPPED IN TRAFFIC WHILE A VEHICLE IN FRONT OF HER TRIED TO TURN LEFT INTO THE FESSENDEN RINK LOT. WHILE STOPPED SHE WAS HIT IN THE REAR BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING W-BOUND ON CRAFT. HE WAS STOPPED BEHIND VEHICLE #1. WHILE STOPPED HE WAS HT IN THE REAR BY VEHICLE #3 AND PUSHED INTO VEHICLE #1. DRIVER OF VEHICLE #3 STATES HE WAS TRAVELING W-BOUND ON CRAFT. HE STATES VEHICLE #1 AND #2 STOPPED ABRUPTLY AND HE WAS UNABLE TO AVOID HITTING VEHICLE #2. VEHICLE #1 HAD MINOR REAR END DAMAGE. VEHICLE #2 HAD FRONT AND REAR DAMAGE. VEHICLE #3 HAD MINOR FRONT END DAMAGE. ALL PARTIES REPORTED NO INJURIES AND WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. ALL VEHICLES WERE

(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]

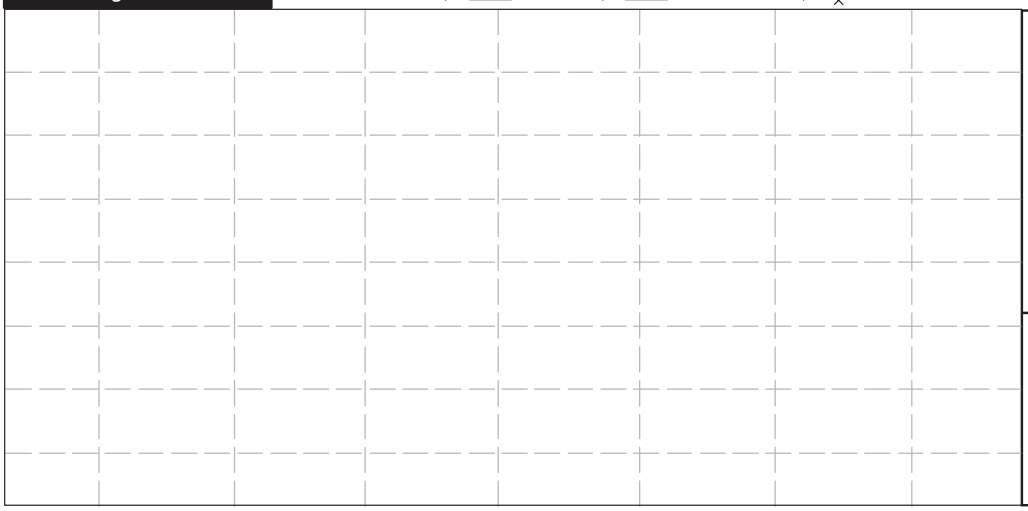
THOMAS P WALSH		NEWTON POLICE DEPARTM			10/24/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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:

OPERATIONAL AND LEFT THE SCENE WITHOUT ASSISTANCE. CLEARED WITHOUT FURTHER INCIDENT.

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]

THOMAS P WALSH			NEWTON POLICE DEPARTM		10/24/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00