

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/04/2021	Time of Crash 19:48 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			SOUTH 260 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000902		
License # --- St MA DOB/Age ---			Reg # 2XS768 Reg Type PAN Reg State MA			12					
Sex F Lic. Class D 18 D 18 Lic. Restrictions B 19 CDL ---			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20								
Operator THOMAS JOCELIN SUNNY			Owner (Same as operator)								
Address 200 CHURCH ST			Address								
City NEWTON State MA Zip 02458			City State Zip								
Insurance Company GOVERNMENT EMPLOYEE INSURANCE COMPAN			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totalled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 7 24 5 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y								
Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13					
Name (Last First Middle) Address Age/DOB Sex			Operator See Above --- 1 4 4 0 0 10 1			1					
Operator											
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 # 8VD149 Reg Type PAN Reg State MA			12					
Sex M Lic. Class D 18 D 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2018 Veh Make LINCOLN Veh Config. 1 20								
Operator KEIGHLEY JAMES EDWARD			Owner (Same as operator)								
Address 112 ALSADA RD			Address								
City SWANSEA State MA Zip 02777			City State Zip								
Insurance Company USAA CASUALTY			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totalled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
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Please fill out for operator and all occupants involved			26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code			13					
Name (Last First Middle) Address Age/DOB Sex			Operator/Non-Motorist See Above --- 1 4 4 0 0 10 1			1					
Operator/Non-Motorist											



**Crash Narrative:**

On November 4, 2021 at approximately 19:48 hours Officer Guarino and I, Officer Joyce responded to 160 Needham St. for a report of a three car motor vehicle crash.

Upon arrival, all vehicles were off of the roadway and parked at 160 Needham St. The operator of MV1 had heavy front end damage and all operators agreed that MV2 and MV3 were stopped on Needham St when MV1 Crashed into MV2 causing MV2 to crash into MV3. There was no visible damage to MV3, MV2 had damage to the rear bumper.

There were no reported injuries and MV1 was towed by Tody's. All parties were advised that a poilce report would be on file and were given the report number.

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

KEVIN JOYCE			NEWTON POLICE DEPT.		11/04/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					