

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 11/16/2021	Time of Crash 21:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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:							
EAST BEACON ST Route# Direction Name of Roadway/Street At SOUTH HAMMOND ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of 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 210000946					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator MERCADANTE SOPHIA Address 1828 MONTROSE ST City PHILADELPHIA State PA Zip 19146 Insurance Company STANDARD FIRE			Reg # 32KX94 Reg Type PAN Reg State MA Veh Year 2007 Veh Make JEEP Veh Config. 2 20 Owner MERCADANTE NICHOLAS Address 7 (apt. 2) HATHON SQ City CHARLESTOWN State MA Zip 02129 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Vehicle Travel Direction: N X E W Responding to Emergency? N 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			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									
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator PONS MARCEL Address 95 SUTHERLAND RD (apt. 4C) City BRIGHTON State MA Zip 02135 Insurance Company PROGRESSIVE			Reg # 1JMT28 Reg Type PAN Reg State MA Veh Year 2016 Veh Make JEEP Veh Config. 2 20 Owner TOBAR GIOVANNI Address 95 SUTHERLAND RD City BOSTON State MA Zip 02135 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 18 24 24 5 11 Totaled Underride/Override 25 Towed Y									
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Hammond St.

Beacon St.

Unit 2

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:**

At approximately 2120HRS on Tuesday, November 16, 2021, I was dispatched to the intersection of Hammond St. and Beacon St., for a reported two car crash.

Upon arrival, I observed MV1 to have sustained damage to its front passenger's side fender/head light, hood, grille, bumper and it was leaking fluids. I observed MV2 to have sustained damage to its driver's side fender/door and it was leaking fluids.

Upon speaking to the operator of MV1, they stated that they were traveling straight (southbound) on Hammond St. and they had a green traffic signal. While they were in the intersection, MV2 failed to stop for their red traffic signal, as they traveled straight on Beacon St. (eastbound) and as a result, MV1 struck MV2.

(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

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

11/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

Upon speaking to the operator of MV2, they stated they were traveling straight on Beacon St. (eastbound). At this time, their windshield fogged and they could not see out of it. They continue to drive straight, while attempting to adjust the HVAC controls to clear up the windshield. They then proceeded into the intersection and were struck by MV1. They stated they did not know the color of their traffic signal, as they were looking down at said controls.

Neither party were injured. Newton Fire applied speedy dry to the fluids. Todys removed both vehicles. I cleared without further incident and completed NPD Towed Motor Vehicle Forms for each vehicle.

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Police Officer Name (Please Print)

Signature

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