

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/19/2021		Time of Crash 12:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:							
<div><div>SOUTH</div><div>CHESTNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>BERKELEY ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000956							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator HOLMAN MARQUIS L Address 104 FRANCIS STREET City NEWTON State MA Zip 02149 Insurance Company ALLIANZ INSURACNE Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) T1448304 Violation 1: Ch 90/24 Sec Violation 2: Ch 89/4A Sec Violation 3: Ch 89/9 Sec Violation 4: Ch 90/17/4 Sec				Reg # CK19382 Reg Type PAS Reg State IL Veh Year 2021 Veh Make TOYOTA Veh Config. 1 20 Owner PV HOLDING COMP Address 10000 BESSIE COLEMAN DR City CHICAGO State IL Zip 60666 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 2 3 4 Most Harmful Event 22 23 10 Undercarriage Driver Contributing Code 10 24 9 24 5 1 Totalled Underride/Override 25 Towed Y									
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 3 99 0 0 9 2 BRIGHAM AND WOMAN									
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 Operator INGRAM ANN D Address 39 VALENTINE PK City NEWTON State MA Zip 02465 Insurance Company GEICO Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 3NC420 Reg Type PAN Reg State MA Veh Year 2020 Veh Make SUBA Veh Config. 1 20 Owner (Same as operator) 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 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totalled Underride/Override 25 Towed N									
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/Non-Motorist See Above --- --- 10 1 NONE									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ⊕ Pedestrian

ie: → 1 → 2 → ⊕

Crash Diagram:

260 Chestnut Street

Hampshire Street

Berkeley Street

Chestnut Street

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Crash Narrative:

Opr of MV1 stated he was traveling south on Chestnut Street. At this time, he drove through a red light, attempted to step on the brake but could not slow down, and drove into a front yard. Opr of MV1 stated he was not speeding and did not see anyone else involved. MV1 was towed. MV1 suffered injuries and was transported to Brigham and Woman's Hospital.

Opr of MV2 was visibly upset and shaking. Opr of MV2 stated she was waiting for the light to turn green at the intersection of Berkeley Street and Chestnut Street. Once the light turned green she attempted to drive straight. At this time, she saw MV1 traveling at a high rate of speed, travel through the red light, swerve, hit her car, then hit one utility pole, then hit a second utility pole, split in half and land on the front yard (260 Chestnut Street). Opr of MV2 suffered minor damage and was not injured.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
APEN , PAUL, G	260 CHESTNUT ST W NEWTON,MA 02465	-----	Y
STEELE , SCOTT, D	105 TEMPLE ST NEWTON,MA 02465	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
EVERSOURCE,,	198 CALVARY STREET WALTHAM,MASSACHUSETTS		4	2 UTILITY POLES
STEELE, SCOTT,	105 TEMPLE STREET NEWTON,MASSACHUSETTS 0		97	TREES IN FRONT YARD

Truck and Bus Information:

Registration # (From Vehicle Section)

Carrier Name	Carrier Issuing Authority Code
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Address	City	St	Zip
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US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

Cargo Body Type Code	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

DANIEL ANDERSON

32456

NEWTON POLICE DEPARTMENT

11/19/2021

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____

