

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/21/2021	Time of Crash 14:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	Speed Limit 30 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:					
CENTRE ST								9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet N S E W of _____ • _____ or _____							
CENTRE AVE			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11		
Also at Intersection with			Route# Intersecting Roadway/Street					2		
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000966			
License # --- St MA DOB/Age ---			Reg # BR 75GW		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019		Veh Make TOYOTA		Veh Config. 2 20			
Operator BARNES MAX			Owner BARNES LORI							
Address 22 AMHERST RD			Address 22 AMHERST RD							
City HOPKINGTON State MA Zip 01748			City HOPKINGTON		State MA Zip 01748					
Insurance Company AMICA MUTUAL			Vehicle Action Prior to Crash 3 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		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		0 9		5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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							1			
Operator See Above			-----		--- --- 1 4 99 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 7VRK20		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2014		Veh Make NISSAN		Veh Config. 2 20			
Operator MERCHANT SABRINA			Owner (Same as operator)							
Address 223 PARK DR (apt. 4)			Address _____							
City BOSTON State MA Zip 02215			City _____		State _____ Zip _____					
Insurance Company AMICA MUTUAL			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		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 9		5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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							1			
Operator/Non-Motorist See Above			-----		--- --- 1 4 99 0 0 8 1					
MERCHANT, LAILA			223 PARK DR (apt 4) BOSTON, MA 02215		----- F 3 1 4 4 0 0 8 1					

→ 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:

On November 21st, 2021 at approximately 14:24 hours while working N491 I responded to the intersection of Centre St at Centre Ave for a MV crash.

On my arrival I located both involved vehicles just east of the intersection.

Vehicle #1 was a white 2019 Toyota Rav4, operated by a Max Barnes. He reported being behind vehicle #2 on Centre St at Centre Ave when he looked to his left for oncoming traffic simultaneously began to go forward thinking vehicle #1 had entered out onto Centre Ave. He then rear ended MV #2 who never moved forward.

Vehicle #2 was a 2014 gray Nissan hatchback, Ma plate 7VRK20, operated by a Sabrina Merchant. She stated she was stopped on Centre St at Centre Ave when she was rear ended by vehicle #1.

There were no tows needed both operator and passenger of vehicle #2 sustained minor injuries. Both refused

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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

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

11/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

