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	
12/02/2021	16:47 24HR	NEWTON	3	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

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

1 4 — Route# | Direction | Name of Roadway/Street: COMMONWEALTH AVE
At
Route# | Direction | Name of Intersecting Roadway/Street: EAST | WASHINGTON ST

2 3 — Also at Intersection with
Route# | Direction | Name of Intersecting Roadway/Street:

Not at Intersection: Route# | Direction | Address # | Name of Roadway/Street
Feet [N S E W] of Mile Marker ___ ___ ___ • ___ or Exit Number
Feet [N S E W] of Route# | Intersecting Roadway/Street
Feet [N S E W] of Landmark

2 9 | 2 10 | 2 11

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number: 2100001009

License # --- St MA DOB/Age -- -- ---- | Sex M | Lic. Class D 18 18 | Lic. Restrictions B 19 | CDL Endorsment

4 3 — Operator: SKELTON (Last) JASON (First) A (Middle)
Address: 146 EDINBORO ST
City: NEWTON State MA Zip 02460
Insurance Company: UNITED SERVICE AUTO

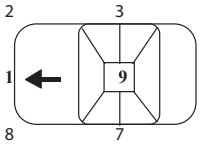
5 1 — Vehicle Travel Direction: [N S X W] | Responding to Emergency? N

Citation # (If Issued)
Violation 1: Ch Sec | Violation 2: Ch Sec
6 2 — Violation 3: Ch Sec | Violation 4: Ch Sec

Reg # 1JEH26 | Reg Type PAN | Reg State MA
Veh Year 2017 | Veh Make SUBARU | Veh Config. 1 20

1 12 — Owner: (Same as operator) (Last) (First) (Middle)
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 N

Damaged Area Code: (Circle Up to Three)


10 Undercarriage
11 Totaled

1 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	99	1	

7 2 — 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 MA DOB/Age -- -- ---- | Sex F | Lic. Class D 18 18 | Lic. Restrictions 1 19 | CDL Endorsment

8 2 — Operator: LINDSAY (Last) SHARON (First) SEWALL (Middle)
Address: 95 FAXON ST
City: NEWTON State MA Zip 02458
Insurance Company: ARBELLA MUTUAL

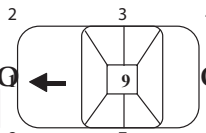
Vehicle Travel Direction: [N S X W] | Responding to Emergency? N

Citation # (If Issued)
Violation 1: Ch Sec | Violation 2: Ch Sec
Violation 3: Ch Sec | Violation 4: Ch Sec

Reg # 21MV87 | Reg Type PAN | Reg State MA
Veh Year 2015 | Veh Make MINI | Veh Config. 1 20

Owner: (Same as operator) (Last) (First) (Middle)
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 N

Damaged Area Code: (Circle Up to Three)


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	--------	---	---	1	4	4	0	0	99	1	

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12/02/2021	16:47 24HR	NEWTON	3	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

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

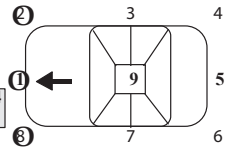
1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 — Route# | Direction | Name of Intersecting Roadway/Street

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 2100001009

License # --- St MA DOB/Age -- -- ----
Sex M | Lic. Class D (18) (18) | Lic. Restrictions 1 (19) | CDL Endorsment
4 — Operator AGRESS (Last) JASON (First) (Middle)
Address 245 WALNUT ST (apt. 218)
City NEWTON State MA Zip 02460
Insurance Company GEICO
5 — Vehicle Travel Direction: N S ☒W | 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 # JGA | Reg Type PAV | Reg State MA
Veh Year 2016 | Veh Make MERZ | Veh Config. 2 (20)
12 — Owner (Same as operator) (Last) (First) (Middle)
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 19 (24) (24)
Underride/Override (25) Towed Y

Damaged Area Code: (Circle Up to Three)


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11 Totaled

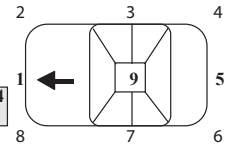
13 — Please fill out for operator and all occupants involved

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)
Event Sequence (22) (22) (22) (22)
Most Harmful Event (23)
Driver Contributing Code (24) (24)
Underride/Override (25) Towed ____

Damaged Area Code: (Circle Up to Three)


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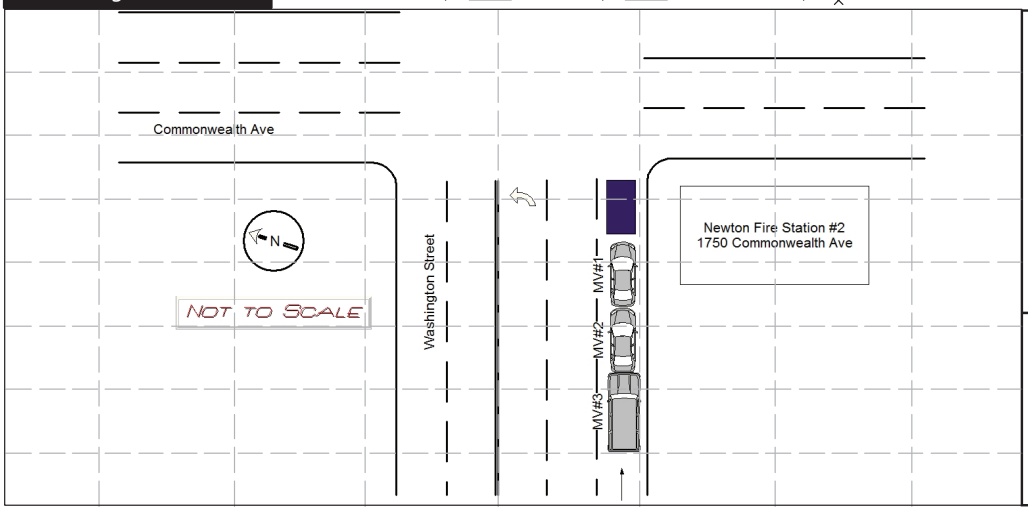
Please fill out for operator and all occupants involved

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:

The OP. of MV#1 stated he was stopped and waiting at a red light on Washington Street eastbound, with one or two cars ahead of him. He was then suddenly rear ended by MV#2.

The OP. of MV#2 stated she was stopped at a red light on Washington Street eastbound behind MV#1. She was suddenly rear ended by MV#3 and the collision pushed her vehicle into MV#1.

The OP. of MV#3 stated he was slowing down for traffic on Washington Street eastbound and he stopped short. His vehicle slid on the wet pavement and collided into MV#2.

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]

RAYMOND H CHIEU			NEWTON POLICE DEPARTM		12/02/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date