

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 12/06/2021		Time of Crash 15:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9								
Route# Direction Name of Roadway/Street At				16 EAST 2000 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____								2								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				100FT Feet N X E W of _____ WALSINGHAM ST Route# Intersecting Roadway/Street 0FT Feet N X E W of _____ NWH Landmark _____								10								
Route# Direction Name of Intersecting Roadway/Street												11								
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 2100001023								3								
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator AUBUCHON FREDERICK Address 15 PAINE ST City WINTHROP State MA Zip 02152 Insurance Company ARBELLA MUTUAL INSURANCE				Reg # 2406ET Reg Type PAN Reg State MA Veh Year 2015 Veh Make FORD Veh Config. 2 20 Owner AUBUCHON JENNIFER K Address 15 PAINE ST City WINTHROP State MA Zip 02152 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12								
5 2				Please fill out for operator and all occupants involved								13								
6 1				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 ----- --- --- 99 2 99 0 0 10 1								1								
7 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																
8 1				License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator HAUSLADEN HEATHER Address 91 TROWBRIDGE City CAMBRIDGE State MA Zip 02138 Insurance Company SELF INSURE Vehicle Travel Direction: X S 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 _____								Reg # R70283 Reg Type CON Reg State MA Veh Year 2014 Veh Make RAM Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								
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→ 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:

MV1 was traveling eastbound on Washington St when MV2 struck the right side of MV1. MV2 was pulling out of NWH west entrance parking lot to turn right onto Washington St to head eastbound. MV1 operator, Frederick Aubuchon says he was driving straight when MV2 struck the passenger side of his vehicle. MV1 had heavy damage and side airbags were deployed. MV2 had no airbags deployed with heavy damage to the front. Both vehicles were towed by Tody's and was towed by Toddy's Towing. MV2 operator, Heather Hausladen was transported by medics to NWH on a precaution because of her pregnancy. She did not complain about injuries. Due to urgency, I was not able to obtain a statement from HAUSLADEN as she left with the Medics upon my arrival.

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

CHRISTOPHER PERRY **NEWTON POLICE DEPTA** **12/06/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00