

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/15/2022	Time of Crash 11:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 5	Number Injured 3	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:					
NORTH LOWELL AVE								2 9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of _____ or _____							
EAST WASHINGTON ST			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					3		
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 22000048			
License # --- St MA DOB/Age ---			Reg # 423FB3		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012		Veh Make CADI		Veh Config. 2 20			
Operator CARTER FLORENCE			Owner CARTER DENISE				1 12			
Address 38 ASH ST (apt. C)			Address 14 MCEVOY CIR.							
City NEWTON State MA Zip 02459			City STOUGHTON State MA Zip 02072							
Insurance Company FARMERS			Vehicle Action Prior to Crash 1 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		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24		6 7 8 9					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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		1			
Operator See Above			-----		---					
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 # 9865CI		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013		Veh Make MINI		Veh Config. 1 20			
Operator PLUNKETT MOLLY			Owner PLUNKETT CONOR							
Address 25 WALNUT PL			Address 25 WALNUT PL							
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02460							
Insurance Company AMICA			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E 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		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		6 7 8 9					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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		1			
Operator/Non-Motorist See Above			-----		---					
PLUNKETT, CONOR			25 WALNUT PL NEWTON, MA 02460		---		M 3 1 2 1 0 0 9 2			

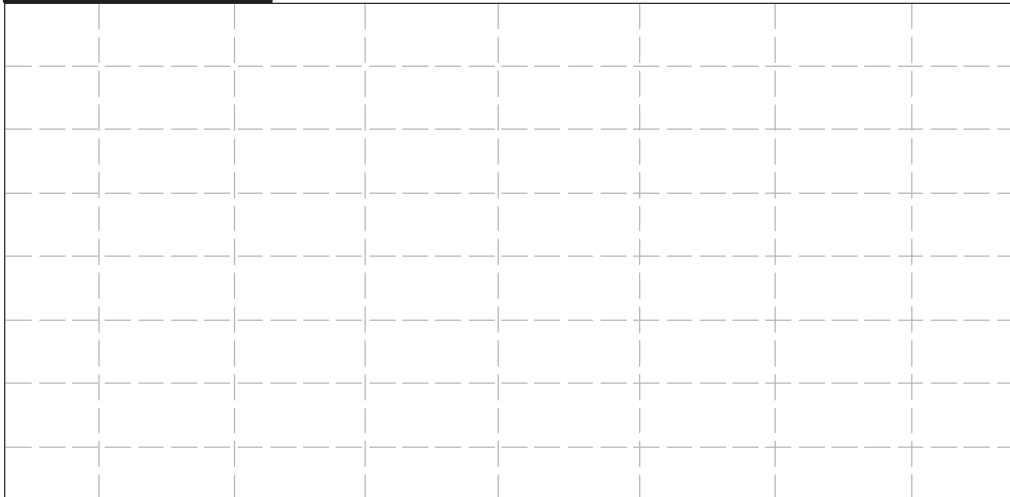
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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				9	
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				Feet N S E W of _____ Landmark				11	
Route# Direction Name of Intersecting Roadway/Street												
<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000048			
License # --- St MA DOB/Age ---			Reg # 8PM177 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make BMW Veh Config. 2 20					12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Owner WILSON RACHEL			Address 31 (apt. T4) ORLEANS ST						
Operator WILSON ELEAS			City BOSTON State MA Zip 02128			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			
Address 31 ORLEANS ST (apt. T4)			Insurance Company PROGRESSIVE			Event Sequence 1 22 22 22 22			2 3 4			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									6 7 8			
Please fill out for operator and all occupants involved											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 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 ---			Reg # RT38WY Reg Type PAN Reg State MA			Veh Year 2018 Veh Make MERZ Veh Config. 1 20						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Owner GLYNN HILARY			Address 15 WILTON RD						
Operator GLYNN CONNOR			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			
Address 15 WILTON RD.			Insurance Company COMMERCE			Event Sequence 1 22 22 22 22			2 3 4			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y			5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									6 7 8			
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator/Non-Motorist			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility

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Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 5 Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000048			
License # --- St MA DOB/Age ---			Reg # 95VG05 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL PRIVI Endorsment			Veh Year 2011 Veh Make MAZDA Veh Config. 2 20							
Operator CATLIN TANGUY M			Owner (Same as operator)							
Address 38 BEECHCROFT RD			Address							
City NEWTON State MA Zip 02458			City State Zip							
Insurance Company PRIVILEGE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
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				
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # Reg Type Reg State							
Sex Lic. Class D 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20							
Operator Last First Middle			Owner Last First Middle							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			2 3 4				
Citation # (If Issued)			Most Harmful Event 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			8 7 6				
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 10 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:

STATES HE NEVER NOTICED VEHICLE #1 UNTIL SHE PUSHED VEHICLE #2 INTO HIM BECAUSE HE WAS FOCUSED ON THE TRAFFIC LIGHT.

DRIVER OF VEHICLE #4 STATES HE WAS TRAVELING N-BOUND ON LOWELL AVE AND WAS STOPPED AT THE RED LIGHT BEHIND VEHICLE #3. HE DID NOT NOTICE VEHICLE #1 UNTIL SHE PUSHED VEHICLE #2 INTO THE FRONT OF HIS VEHICLE.

VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND FRONT AIRBAG DEPLOYMENT AND WAS TOWED BY TODYS. OPERATOR OF VEHICLE #1 WAS TRANSPORTED BY MEDICS TO NEWTON WELLESLEY HOSPITAL FOR NON-FATAL INJURY-POSSIBLE. VEHICLE #2 HAD EXTENSIVE LEFT SIDE AND RIGHT SIDE DAMAGE AS WELL AS AIRBAG DEPLOYMENT AND SHATTERED GLASS AND WAS TOWED BY TODYS. BOTH PARTIES IN VEHICLE #2 WERE TRANSPORTED TO NEWTON WELLESLEY HOSPITAL BY THE MEDICS FOR NON-FATAL INJURY- POSSIBLE. VEHICLE #3 HAD LEFT SIDE MOTOR VEHICLE DAMAGE AND WAS TOWED BY TODYS. DRIVER

(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

THOMAS P WALSH

NEWTON POLICE DEPART

01/15/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

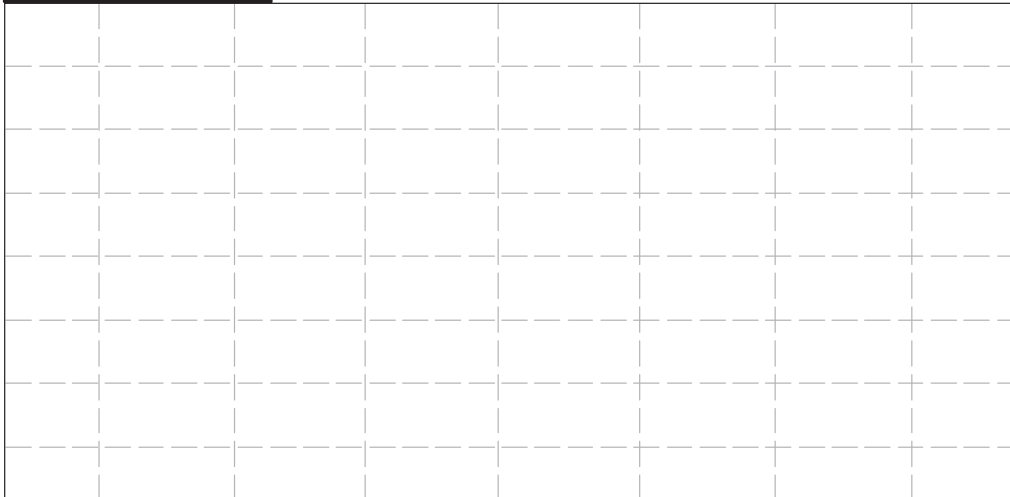
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

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:

STATED HE HAD NO INJURIES AND SIGNED A PATIENT REFUSAL. VEHICLE #4 HAD LEFT FRONT END DAMAGE AND WAS TOWED BY TODYS. DRIVER REPORTED NO INJURIES AND SIGNED A PATIENT REFUSAL.

THE OPERATOR OF VEHICLE #5 ORIGINALLY LEFT THE SCENE AND THEN RETURNED. HE STATED HE WAS TRAVELING W-BOUND ON WASHINGTON AND WAS HALFWAY COMPLETED TURNING LEFT ONTO LOWELL AVE. DRIVER STATES HE INTENDED TO COMPLETE THE TURN ONCE VEHICLE #1 HAD PASSED. HE STATES WHILE WAITING HE SAW VEHICLE #1 TURN RIGHT ABRUPTLY AND SEEMED TO LOSE CONTROL OF THE VEHICLE BEFORE SMASHING INTO VEHICLE #2 AND CAUSING SUBSEQUENT COLLISIONS. VEHICLE #5 HAD NO DAMAGE AND WAS NOT INVOLVED IN THE CRASH. OPERATOR OF VEHICLE #5 REPORTED NO INJURIES. CLEARED WITHOUT FURTHER INCIDENT.

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 P WALSH

NEWTON POLICE DEPART

01/15/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date