

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/23/2022	Time of Crash 14:58 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 4	Number Injured 0	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:					
Route# Direction Name of Roadway/Street At			WEST 325 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000063	
License # --- St MA DOB/Age ---			Reg # 1414FB Reg Type PAN Reg State MA			Veh Year 2010 Veh Make CHRYSLER Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Owner PASZKO WALTER			Address 23 BURNSIDE LN				
Operator PASZKO JESSICA			City BOSTON State MA Zip 02135			City MERRIMAC State MA Zip 01860				
Address 1999 COMMONWEALTH AVE (apt. 31)			Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 13 24 24			11 Totalled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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			99 4 99 0 1 10 1 NONE				
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 ---			Reg # 8NT689 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make CHEVY Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____				
Operator DESOUZA-MIRAND. MARIA A			City _____ State MA Zip 01757			City _____ State _____ Zip _____				
Address 9 SHADOWBROOK LN (apt. 17)			Insurance Company GEICO			Vehicle Action Prior to Crash 1 21				
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			11 Totalled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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			99 4 99 0 0 10 1 NONE				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON ST

BOSTON COLLEGE

NOT TO SCALE

→ N →

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 January 23, 2022 at approximately 1458 hours, I responded to the area of 325 Beacon St for a report of a 4 vehicle MVA with possible injury. Upon arrival with the Fire Department and EMS, I met with all the drivers. No injuries were reported on scene.

MV1 operator states she was driving WB on Beacon St when MV2 came to a sudden stop and due to the sun's glare, did not see MV2 very well. MV1 operator then rear-ended MV2. I did not observe any damage to the front of MV1 or the rear of MV2.

MV2 operator states she was driving WB on Beacon St when MV1 suddenly collided with her rear end. MV2 subsequently rear-ended MV3. I did observe damage to the front of MV2 and to the rear of MV3.

MV3 operator states he was stopped, waiting for the cars to go since the light had just turned green, when

(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

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

he was suddenly rear-ended by MV2. MV3 subsequently rear-ended MV4. I did observe damage to the front of MV3 and the rear of MV4.

MV4 operator states she was stopped in traffic when she was suddenly rear-ended by MV3.

No vehicles were towed. No citations were issued.

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

JAMES M CROWE

NEWTON POLICE DEPART

01/23/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date