

|   |  |  |                               |   |  |   |                     |   |                        |   |  |  |    |
|---|--|--|-------------------------------|---|--|---|---------------------|---|------------------------|---|--|--|----|
| Police Use Only   |  |  | Commonwealth of Massachusetts |   |  |   | RMV Document Number |   |                        |   |  |  |    |
| Date of Crash<br>02/01/2022   |  | Time of Crash<br>18:31<br>24HR   |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report                            |                     | Number<br>Vehicles<br>2   | Number<br>Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____             |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |    |
| AT INTERSECTION:  |  |  |                               | < LOCATION >  |  | NOT AT INTERSECTION:  |                     |   |                        |   |  | 9  |    |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                     |  |  |                               | SOUTH 275 GROVE ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [N][S][E][W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____     |  |   |                     |   |                        |   |  | 2  |    |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____ |  |  |                               | Feet [N][S][E][W] of _____<br>Route# _____ Intersecting Roadway/Street _____  |  |   |                     |   |                        |   |  | 10   |    |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                    |  |  |                               | Feet [N][S][E][W] of _____<br>Landmark _____  |  |   |                     |   |                        |   |  | 11   |    |
| 3   |  | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants                                     |                               | <input type="checkbox"/> Hit/Run  |  | <input type="checkbox"/> Moped                                  |                     | Case Number 22000095  |                        |   |  |  | 3  |
| 4   |  | License # --- St MA DOB/Age ---  |                               | Reg # 2JNS36  |  | Reg Type PAS  |                     | Reg State MA  |                        | Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____       |  |  | 12 |
| 4   |  | Operator MAGAZINE JEROD ERNEST   |                               | Veh Year 2022   |  | Veh Make HYUN   |                     | Veh Config. 1 20  |                        | Owner (Same as operator)  |  |  | 1  |
| 5   |  | Address 66 MILL ST (apt. 5)  |                               | Address _____   |  | City _____  |                     | State _____ Zip _____   |                        | Vehicle Action Prior to Crash 1 21                              |  |  | 13 |
| 5   |  | Insurance Company GARRISON PROP & CASUALTY   |                               | Event Sequence 1 22 22 22 22  |  | Damaged Area Code: (Circle Up to Three)                         |                     | 10 Undercarriage  |                        | 5 11 Totaled  |  |  | 1  |
| 6   |  | Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N                              |                               | Most Harmful Event 1 23   |  | Driver Contributing Code 99 24 24                               |                     | Underride/Override 25 Towed N                                   |                        | 8   |  |  | 13 |
| 6   |  | Citation # (If Issued) _____   |                               | 3   |  | 3   |                     | 3   |                        | 3   |  |  | 13 |
| 6   |  | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                |                               | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |  | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                     | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                        | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |  | 13 |
| 7   |  | 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  |                     | See Above   |                        | Operator See Above  |  |  | 13 |
| 7   |  | 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                                  |                        | Operator See Above  |  |  | 13 |
| 8   |  | License # --- St MA DOB/Age ---  |                               | Reg # 341CE8  |  | Reg Type PAN  |                     | Reg State MA  |                        | Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____       |  |  | 13 |
| 8   |  | Operator DAVIS MICHAEL A   |                               | Veh Year 2008   |  | Veh Make JEEP   |                     | Veh Config. 2 20  |                        | Owner (Same as operator)  |  |  | 13 |
| 8   |  | Address 61 PLEASANT ST   |                               | Address _____   |  | City _____  |                     | State _____ Zip _____   |                        | Vehicle Action Prior to Crash 4 21                              |  |  | 13 |
| 8   |  | Insurance Company COMMERCE   |                               | Event Sequence 1 22 22 22 22  |  | Damaged Area Code: (Circle Up to Three)                         |                     | 10 Undercarriage  |                        | 5 11 Totaled  |  |  | 13 |
| 8   |  | Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N                              |                               | Most Harmful Event 1 23   |  | Driver Contributing Code 99 24 24                               |                     | Underride/Override 25 Towed N                                   |                        | 8   |  |  | 13 |
| 8   |  | Citation # (If Issued) _____   |                               | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |  | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                     | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                        | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |  | 13 |
| 8   |  | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                |                               | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |  | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                     | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                        | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |  | 13 |
| 8   |  | 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                                 |                     | See Above   |                        | Operator/Non-Motorist See Above                                 |  |  | 13 |
| 8   |  | Operator/Non-Motorist See Above  |                               | See Above   |  | See Above   |                     | See Above   |                        | Operator/Non-Motorist See Above                                 |  |  | 13 |
| 8   |  | Operator/Non-Motorist See Above  |                               | See Above   |  | See Above   |                     | See Above   |                        | Operator/Non-Motorist See Above                                 |  |  | 13 |
| 8   |  | Operator/Non-Motorist See Above  |                               | See Above   |  | See Above   |                     | See Above   |                        | Operator/Non-Motorist See Above                                 |  |  | 13 |

**Crash Narrative:**

I responded to 275 Grove St for a report of a two car MVA/no injuries. I arrived on location and observed the two involved vehicles pulled into the parking lot of 275 Grove St. V1; MA Reg. 2JNS36, 2022 Hyun/Kona SUV color blue. V1 operator; Magazine, Jerod, MA OLN #SA2390987. V2; MA Reg. 341CE8, 2008 Jeep/GRACHE util. color black. V2 Operator; Davis, Michael, MA OLN#S12649728.

The crash occurred on Grove St. directly in front of the entrance to 275 Grove St./Riverside Center and directly across from the Woodland Park Apt. complex. V2 operator stated he was exiting the apt complex turning left onto Grove St. (southbound). At that time V1 travelling southbound on Grove St. collided into the passenger side of V2. The roadway is two way divided by a median island. There is a traffic light that set on flash at the time of the crash.

(Continued on next page)

| Property Damage:            |         |         |         |                                 |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|                             |         |         |         |                                 |
|                             |         |         |         |                                 |

|                                    |           |            |                       |                   |            |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| DANIEL S SULLIVAN                  |           |            | NEWTON POLICE DEPARTM |                   | 02/01/2022 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department            | Precinct/Barracks | Date       |
| CDP1 11 :24:00                     |           |            |                       |                   |            |

→ 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:

Both operators stated their visibility was obstructed by the snow bank on the median island.  
Neither of the operator's were injured as a result of the collision. there was no airbag deployment in either vehicle. Both vehicles were driveable and did not require towing services. The operators were advised and left the area in their vehicles 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 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

DANIEL S SULLIVAN

NEWTON POLICE DEPART

02/01/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date