

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 02/13/2022		Time of Crash 17:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		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:				9			
NORTH BEACON ST												2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10			
At				Feet N S E W of _____ or _____				Mile Marker Exit Number							
EAST WASHINGTON ST															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____				Route# Intersecting Roadway/Street				11			
Also at Intersection with												2			
Route# Direction Name of Intersecting Roadway/Street								Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run				<input type="checkbox"/> Moped				Case Number 22000146			
License # --- St MA DOB/Age ---				Reg # 3KEE79 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make HONDA Veh Config. 2 20											
Operator GAZIANO THOMAS				Owner (Same as operator)								12			
Address 32 KELVEDEN RD				Address _____											
City WABAN State MA Zip 02468				City _____ State _____ Zip _____											
Insurance Company SAFETY INS CO				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage				11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8 7 6							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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				99 4 99 0 0 10 1											
REILLY, ANDREA, J 32 KELVEDEN RD NEWTON, MA 02468				F 3 4 99 0 0 10 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							
License # --- St MA DOB/Age ---				Reg # 483VJ3 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions J 19 CDL _____				Veh Year 2019 Veh Make JEEP Veh Config. 2 20											
Operator GARDNER ANNA NYE				Owner GARDNER MATTHEW											
Address 220 RIDGEWAY ROAD				Address 220 RIDGEWAY ROAD											
City WESTON State MA Zip 02493				City WESTON State MA Zip 02493											
Insurance Company USAA CASUALTY INS CO				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4							
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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				99 4 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON STREET

BEACON STREET

IMPACT AREA

NOT TO SCALE

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 Sunday February 13, 2022 at approx. 1751 hours I responded to Beacon Street at Washington Street for a report of a two motor vehicle crash.

Upon arrival on scene I observed the roadway to be very icy and snow. Another Officer was at the same intersection from another crash that happened just prior to this one.

I spoke with the operator and passenger of vehicle one. They both stated they were stopped at the red traffic signal on Beacon Street at Washington Street when they felt impact in the rear of their vehicle from vehicle two.

I spoke with operator of vehicle two who stated she was traveling north on Beacon Street observed the red traffic signal and the vehicle one stopped. She stated he applied the vehicles brakes and the vehicle started

(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

ROCCO D MARINI	13963	NEWTON POLICE DEPART	02/13/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Date
Department	Precinct/Barracks		

CDP1 11 -24:00

→ 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:

to slide uncontrollable down hill. She tried to turn to avoid vehicle one and her vehicle lost control and spun around and had impact with vehicle one.

There were no reported injuries at this time and all parties advised of the process.

This crash was unavoidable due to weather conditions, Beacon Street was a sheet of ice and the roadway was not treated. A notification was made to have a sander to arrive on scene to treat the roadway before we could even move the impacted vehicles and prevent further crashes.

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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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

02/13/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date