

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/19/2022		Time of Crash 06:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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				WEST 82 CHARLESBANK RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
1 2 3 1		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000234					3
4 1		License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CLARK NATHAN JACK Address 10 OAKLAND ST (apt. 2) City NEWTON State MA Zip 02458 Insurance Company TRAVELERS INSURANCE		Reg # HXT355 Reg Type PAN Reg State VT Veh Year 2022 Veh Make HONDA Veh Config. 1 20 Owner BACON MADELINE Address 10 (apt. 2) OAKLAND ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								12	
5 2		Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 1 Totaled								13	
6 1		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								1	
		Operator See Above		-----									
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 1 19 CDL _____ Operator HARTLEY MONIQUE Address 16 FRANK ST City NEEDHAM State MA Zip 02494 Insurance Company GOVERNMENT EMPLOYEES INSURANCE		Reg # 6KC476 Reg Type PAN Reg State MA Veh Year 2010 Veh Make MERCEDES Veh Config. 1 20 Owner HARTLEY THOMAS Address 16 FRANK ST City NEEDHAM HEIGHTS State MA Zip 02494 Vehicle Action Prior to Crash 1 21 Event Sequence 42 22 1 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed Y								11	
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		Operator/Non-Motorist See Above		-----									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Charlesbank Rd

Unit 1

Unit 2

32 Charlesbank Rd

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

⊙ N

Crash Narrative:

MV 1 was traveling westbound on Charlesbank RD when MV 2 crossed the double yellow line and struck MV 1. MV 1 sustained major damage to all areas and the right side air bags deployed. The operator of MV 1 (Mr. Nathan Clark) sustained no apparent injuries and signed a patient refusal with Fallon medics. MV 1 was towed by Today's Services due to it being disabled on a public way.

MV 2 was traveling eastbound on Charlesbank Rd when she crossed the double yellow lines and struck MV 1. The operator of MV 2 (Ms. Monique Hartley) stated she had been up for too long and was beginning to feel weak while operating MV 2. The operator of MV 2's husband (Mr. Thomas Clark) arrived on scene. Thomas and Monique explained Monique is a stage 4 cancer patient and has been undergoing chemotherapy treatment. Monique had no apparent injuries from the accident and signed a patient refusal. Thomas further stated he was

(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

DONALD MURPHY NEWTON POLICE DEPT 03/19/2022

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

CDP1 11 -24:00

