

|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |  |
|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only   |  |                                  | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |                         |                        |   |  |  |  |
| Date of Crash<br>03/28/2022   |  | Time of Crash<br>14:04<br>24HR   |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number<br>Vehicles<br>4 | Number<br>Injured<br>1 | Speed Limit 30<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:                 |                     |                         |                        |   |  |  |  |
| <div>WEST BEACON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH GLEN AVE</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>   |  |                                  |                               | <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>  |  |                                      |                     |                         |                        |   |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped  |  | Case Number 22000257                 |                     |                         |                        |   |  |  |  |
| License # --- St MA DOB/Age ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL Endorsment<br>Operator MORGAN ANDREW<br>Address 59 HOLLIS ST (apt. C)<br>City HOLLISTON State MA Zip 01746<br>Insurance Company GEICO INS<br>Vehicle Travel Direction: N S E X Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec              |  |                                  |                               | Reg # 9VN392 Reg Type PAN Reg State MA<br>Veh Year 2011 Veh Make NISSAN Veh Config. 1 20<br>Owner MORGAN SABRY<br>Address 59 (apt. C) HOLLIS ST<br>City HOLLISTON State MA Zip 01746<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 3 4<br>Most Harmful Event 1 23 10 Undercarriage<br>Driver Contributing Code 19 24 24 5 11 Totaled<br>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   |  |                                  |                               | Operator See Above --- 1 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 ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment<br>Operator ROSEBUSH EMMA<br>Address 10 MARISA DRIVE<br>City W BRIDGEWATER State MA Zip 02379<br>Insurance Company THE COMMERCE INS COMPANY<br>Vehicle Travel Direction: N S E X Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec |  |                                  |                               | Reg # 2YME95 Reg Type PAN Reg State MA<br>Veh Year 2017 Veh Make HYUNDAI Veh Config. 1 20<br>Owner (Same as operator)<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 3 4<br>Most Harmful Event 1 23 10 Undercarriage<br>Driver Contributing Code 1 24 24 5 11 Totaled<br>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   |  |                                  |                               | Operator/Non-Motorist See Above --- 1 1 99 0 0 10 1   |  |                                      |                     |                         |                        |   |  |  |  |

| Police Use Only   |                                |                     | Commonwealth of Massachusetts   |  |  |                                    | RMV Document Number  |                     |   |   |
|---|--------------------------------|---------------------|---|--|--|------------------------------------|----------------------|---------------------|---|---|
| Date of Crash<br>03/28/2022   | Time of Crash<br>14:04<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report  |  |  |                                    | Number Vehicles<br>4 | Number Injured<br>1 | Speed Limit 30<br>Latitude _____<br>Longitude _____             | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: _____ |
| AT INTERSECTION:  |                                |                     | < LOCATION >  |  |  |                                    | NOT AT INTERSECTION: |                     |   |   |
| 1<br>Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____  |                                |                     | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>Feet [N][S][E][W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____   |  |  |                                    |                      |                     |   |   |
| 2<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____  |                                |                     | Feet [N][S][E][W] of _____<br>Route# _____ Intersecting Roadway/Street _____<br>Landmark _____  |  |  |                                    |                      |                     |   |   |
| 3<br>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____   |                                |                     |   |  |  |                                    |                      |                     |   |   |
| 3<br><input checked="" type="checkbox"/> Vehicle 3 1 #Occupants   |                                |                     | <input type="checkbox"/> Hit/Run  |  |  | <input type="checkbox"/> Moped     |                      |                     | Case Number 22000257  |   |
| 4<br>License # _____ St MA DOB/Age _____<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator FORDE DONALD<br>Address 66 HARRIS AVE<br>City NEEDHAM State MA Zip 02492<br>Insurance Company GEICO INS   |                                |                     | Reg # 9WA697 Reg Type PAN Reg State MA<br>Veh Year 2019 Veh Make HONDA Veh Config. 1 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 2 21<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24<br>Underride/Override 25 Towed Y<br>Damaged Area Code: (Circle Up to Three)<br>10 Undercarriage<br>11 Totaled   |  |  |                                    |                      |                     |   |   |
| 5<br>Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____  |                                |                     | 6<br>Please fill out for operator and all occupants involved<br>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<br>Operator See Above ----- --- 1 4 99 0 0 8 2 NEWTON WELLESLEY H   |  |  |                                    |                      |                     |   |   |
| 7<br>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 |   |
| 8<br>License # _____ St MA DOB/Age _____<br>Sex M Lic. Class D 18 18 Lic. Restrictions P 19 CDL _____<br>Operator JUAREZ ARTURO<br>Address 64 POULOS RD<br>City BRAINTREE State MA Zip 02467<br>Insurance Company GOVT EMPLOYEES INS<br>Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |                                |                     | Reg # NE29SE Reg Type PAN Reg State MA<br>Veh Year 2013 Veh Make TOYOTA Veh Config. 1 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 11 21<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24<br>Underride/Override 25 Towed Y<br>Damaged Area Code: (Circle Up to Three)<br>10 Undercarriage<br>11 Totaled |  |  |                                    |                      |                     |   |   |
| Please fill out for operator and all occupants involved<br>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<br>Operator/Non-Motorist See Above ----- --- 10 1  |                                |                     |   |  |  |                                    |                      |                     |   |   |

**Crash Narrative:**

Operator of MV1 stated he was traveling Westbound on Beacon St. when MV2 stopped short in front of him.

Operator of MV1 further stated he then attempted to stop, however did not have time and collided with MV2.

Operator of MV2 stated she was slowing to a stop at the intersection of Beacon St. at Glen Ave. to let a vehicle take a left hand turn onto Glen Ave. Operator of MV2 then stated MV1 suddenly rear ended her vehicle.

Operator MV2 further stated due to the rear end impact, her vehicle collided with MV3 in traffic then collided with MV4 which was parked unoccupied in front of 631 Beacon St. Operator of MV3 stated he was stopped at the intersection of Beacon St. at Glen Ave. facing Westbound to let a vehicle take a left hand turn onto Glen Ave. and was rear ended by MV2. Owner of MV4 stated his vehicle was unoccupied and parked at the time of the accident.

(Continued on next page)

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

|                                    |           |            |                       |                   |            |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| JUSTIN MARCH                       |           |            | NEWTON POLICE DEPARTM |                   | 03/28/2022 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department            | Precinct/Barracks | Date       |
| CDP1 11 :24:00                     |           |            |                       |                   |            |

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

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:

MV1 sustained heavy front right end damage. MV2 sustained front end damage along with left rear end damage. MV3 sustained moderate rear end damage. MV4 sustained moderate left rear end damage. Operator of MV2 signed a patient refusal on scene by medics. Operator of MV3 was transported to Newton Wellesley Hospital for possible minor injuries. MV1, MV2 and MV3 were towed on scene by Tody's towing. A towed motor vehicle form was filled out for each. All streets listed are considered public ways in the city of Newton.

#### 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

JUSTIN MARCH

NEWTON POLICE DEPART

03/28/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date