

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/10/2022		Time of Crash 15:47 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	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		
Route# Direction Name of Roadway/Street At				EAST 246 CALIFORNIA 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								2 10 11 4		
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 22000298					3 1	
License # --- St MA DOB/Age ---				Reg # 78DD39 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make SUBA Veh Config. 1 20										
Operator BROWNE PAUL E				Owner (Same as operator)									4 1	
Address 22 GLENWOOD AVE				Address										
City NEWTON State MA Zip 02459				City State Zip										
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage						
Citation # (If Issued)				Most Harmful Event 2 23				5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 21 24 19 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved													13 2	
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 0 10 1										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants				<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		7 1
License # --- St DOB/Age ---				Reg # 8ZJV90 Reg Type PAN Reg State MA										
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2018 Veh Make HYUN Veh Config. 1 20										
Operator _____				Owner WINTMAN SARAH									8 2	
Address _____				Address 29 (apt. 9) CHURCH ST										
City _____ State _____ Zip _____				City WALTHAM State MA Zip 02452										
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage						
Citation # (If Issued)				Most Harmful Event 2 23				5 11 Totaled						
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved														
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Operator/Non-Motorist See Above				-----										

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000298							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Endorsement _____				Reg # 3WCR41 Reg Type PAN Reg State MA Veh Year 2021 Veh Make HOND Veh Config. 1 20 Operator _____ Owner PIERRE DIANA Address 602 BEACON ST City BROOKLINE State MA Zip 02446 Insurance Company GIECO Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Event Sequence [2][22][22][22][22] 2 3 4 Citation # (If Issued) _____ Most Harmful Event [2][23] Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code [1][24][1][24] Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override [25] Towed Y								12	
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								13	
Operator				See Above									
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Endorsement _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. [20] Operator _____ Owner _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Event Sequence [22][22][22][22] 2 3 4 Citation # (If Issued) _____ Most Harmful Event [23] Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code [24][24] Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override [25] Towed _____								14	
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									

Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
 ie: 1 2

Crash Diagram:

CALIFORNIA ST.

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:

MV#1 Was Eastbound on California St when he collided with MV#2 & MV#3 that were parked facing Eastbound.

OPMV#1 Stated he doesn't know what happened and he possibly fell asleep as he was driving.

No injuries. MV#1 & MV#3 were towed by Todys Towing. Uninvolved vehicle owners were notified on scene.

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

REID LARSON		NEWTON POLICE DEPARTM		04/10/2022	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24:00