

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 04/28/2022		Time of Crash 13:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	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:																			
<div><div>NORTH</div><div>COMMONWEALTH AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WALNUT ST</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>				<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></div>																					
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000348																			
License # --- St MA DOB/Age ---				Reg # 3PHL64 Reg Type PAN Reg State MA																					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2009 Veh Make HONDA Veh Config. 1 20																					
Operator REENSTIERNA GAR/ RHIANNON				Owner (Same as operator)																					
Address 230 WALNUT ST (apt. 39)				Address																					
City NEWTON State MA Zip 02460				City State Zip																					
Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage																	
Citation # (If Issued)				Most Harmful Event 1 23				11 Totaled																	
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24																					
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N																					
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		---		---		99		4		4		0		0		8		2					
GARNER, CHARLOTTE		91 WABAN PARK NEWTON, MA 02458		---		F		3		99		4		4		0		0		8		2			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # 6WB173 Reg Type PAN Reg State MA																					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2017 Veh Make DODGE Veh Config. 2 20																					
Operator PIERRE-CHARLES PRISCILLA				Owner PINEDA VICTOR																					
Address 28R MIDDLE ST				Address 28R MIDDLE ST																					
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458																					
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage																	
Citation # (If Issued)				Most Harmful Event 1 23				5 11 Totaled																	
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Operator/Non-Motorist		See Above		---		---		99		4		4		0		0		10		1					
SANTIAGO, NATHANIEL		28R MIDDLE ST NEWTON, MA 02458		---		M		3		99		4		4		0		0		10		1			
PINEDA, XAVIER		28R MIDDLE ST NEWTON, MA 02458		---		M		4		4		4		4		0		0		10		1			
PINEDA, XOHNTAN		28R MIDDLE STREET NEWTON, MA 02458		---		M		6		4		4		4		0		0		10		1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Walnut Street

Commonwealth Ave

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:

Oper # 1 stated she was rear ended while on Walnut St approaching Commonwealth ave.

Oper #2 stated they had the green light and veh # 1 stopped for no reason. She couldn't stop in time and hit vehicle #1.

No damage. some paint transfer.

No tows, No citations.

Oper and passenger of vehicle 1 transported to NWH by medics.

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

MICHAEL D BOUDREAU NEWTON POLICE DEPT 04/28/2022

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

CDP1 11 -24:00