

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/12/2022	Time of Crash 14:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 4	Number Injured 1	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:			
Route# Direction Name of Roadway/Street At			SOUTH 189 ADAMS ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				2 11			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark				2			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000390	
License # --- St MA DOB/Age ---			Reg # 5JKZ270 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make MERCEDES Veh Config. 2 20			3 12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Operator SHIELDS ALEXANDRA E Last First Middle			Owner (Same as operator) Last First Middle			3	
Address 90 HIGHLAND AVE. (apt. 1)			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 22 22 22 2 23 Most Harmful Event 2 23 Driver Contributing Code 19 24 3 24 Underride/Override 25 Towed Y			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Operator See Above			13 2	
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 # 523EF8 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HONDA Veh Config. 1 20			8 2	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement			Operator _____ Last First Middle			Owner TREDDIN JR JAMES Last First Middle			8	
Address _____			City WATERTOWN State MA Zip 02472			Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 23 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled	
Insurance Company ARBELLA MUTUAL INSURANCE COMPANY			Vehicle Travel Direction: N X E W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
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				

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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 22000390							
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Endorsement _____				Reg # 7337WL Reg Type PAN Reg State MA Veh Year 2015 Veh Make ACURA Veh Config. 2 20 Owner SIMMONS PHILIP R Address 44 LOTHROP ST City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 2 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 9 Underride/Override 25 Towed Y 8 7 6								12	
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY INSURANCE COMPANY				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
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Operator				See Above									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 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													
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Endorsement _____				Reg # 2GRH68 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20 Owner PANAGGIO PASQUALE Address 181 (apt. 15) LEXINGTON ST City NEWTON State MA Zip 02466 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 1 24 24 9 Underride/Override 25 Towed N 8 7 6								14	
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company VERMONT MUTUAL INSURANCE COMPANY				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
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Operator/Non-Motorist				See Above									

→ 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:

The Operator of Vehicle #1 stated that she was distracted by something that she saw on the sidewalk, and must have drifted to the right before colliding with Vehicle #2.

Vehicle #2 was parked and unoccupied; it collided with Vehicle #3 as a result of the Collision from Vehicle #1.

Vehicle #3 was parked and unoccupied; it collided with Vehicle #4 as a result of these prior collisions. Vehicle #4 was also parked and unoccupied.

The operator of Vehicle #1 was transported to Newton-Wellesley Hospital, and her vehicle towed by Today's Towing Co. The 3 other vehicles had tows arranged by their owners.

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

DECLAN G HEALY

NEWTON POLICE DEPART

05/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date