

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/06/2022		Time of Crash 16:08 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				30 WEST 629 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____ Mile Marker _____ Exit Number _____						10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street						11		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark _____						3		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000489						1		
License # --- St MA DOB/Age ---				Reg # 1NC316 Reg Type PAN Reg State MA		Veh Year 2015 Veh Make SUBARU Veh Config. 1 20						12		
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Owner CHILTON JOHN		Address 21 GROVELAND ST						1		
Operator CHILTON ALEXANDRA				City AUBURNDALE State MA Zip 02466		City NEWTON State MA Zip 02466						1		
Insurance Company GEICO				Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)						13		
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 1 22 22 22		Most Harmful Event 1 23						1		
Citation # (If Issued) _____				Driver Contributing Code 19 24 24		Underride/Override 25 Towed Y						1		
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						1		
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		NONE						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 ---		Reg # 3LJ317 Reg Type PAN Reg State MA		Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20						1
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Owner CHRZAN OLIVER		Address 86 WASHINGTON STREET						1		
Operator CHRZAN JULIE				City NEWTON State MA Zip 02458		City NEWTON State MA Zip 02458						1		
Insurance Company AMICA				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)						1		
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23						1		
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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						1		
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		NONE						1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Centre Street

692

Unit 2

Unit 3

Unit 1

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:

On 06/06/2022, while assigned to N494, I, Officer Conary, responded to a 3 car MVA at 629 Commonwealth Ave. Upon arrival, I spoke with the Operator of MV1 who explained to me that they were traveling Westbound on Commonwealth Ave when they used their left signal to enter the left turn only lane. As MV1 entered the lane, they hit MV2. MV1 then swerved and hit MV3 who was in the center lane.

I spoke with the Operator of MV2 who explained to me that they were stopped in traffic in the left turn only lane Westbound on Commonwealth Ave, when they were hit by MV1 on the right rear side panel. Operator of MV2 said they didn't see what happened.

I spoke with the Operator of MV3 who explained to me that they were traveling Westbound on Commonwealth Ave in the center lane when they were hit by MV1 on the left rear side panel. Operator of MV3 said she saw MV1

(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

KRISTINA CONARY

NEWTON POLICE DEPT.

06/06/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

entered the left turn only lane and then turn into the center lane where they were hit.

MV1 has minor damage to the front bumper and sides, MV2 has damage to the right rear panel, MV3 had damage to the left rear panel. MV1 and MV3 were towed from scene. All parties declined medical attention.

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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

KRISTINA CONARY

NEWTON POLICE DEPART

06/06/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date