Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Other:
06/08/2022	14:29 24HR	NEWTON	2	0	25			☐	☒	☐	

LOCATION

AT INTERSECTION:

1 (1) Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 (1) Route# Direction Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

9 (2) Route# SOUTH Direction 1032 Address # CENTRE ST Name of Roadway/Street

10 (2) Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

11 (2) Feet N S E W of Landmark

3 ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 22000501

4 (1) License # --- St MA DOB/Age -- -- ---- Reg # 6HW839 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2008 Veh Make HONDA Veh Config. 1 20

Operator FIONA (First) HAYES (Last) Middle

Address 319 WASHINGTON ST (apt. 1)

City E. WALPOLE State MA Zip 02032

Insurance Company PLYMOUTH ROCK

12 (1) Owner (Same as operator) Last First Middle

Address

City State Zip

Vehicle Action Prior to Crash 2 21

Damaged Area Code: (Circle Up to Three)

5 Vehicle Travel Direction: N ☒ E W Responding to Emergency? N

Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed N

10 Undercarriage

11 Totaled

6 (1) Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

13 (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	- - - - - - - -	- - -	- - -	99	4	4	0	0	10	1	

7 (1) Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

8 (1) License # --- St MA DOB/Age -- -- ---- Reg # 2AXW12 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2014 Veh Make JEEP Veh Config. 2 20

Operator PASLEY (Last) CHRISTOPHER (First) D Middle

Address 44 LINWOOD ST (apt. 2)

City ROXBURY State MA Zip 02119

Insurance Company GEICO

Owner (Same as operator) Last First Middle

Address

City State Zip

Vehicle Action Prior to Crash 1 21

Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N ☒ E W Responding to Emergency? N

Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 5 24 24

Underride/Override 25 Towed N

10 Undercarriage

11 Totaled

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

Violation 3: Ch Sec Violation 4: Ch Sec

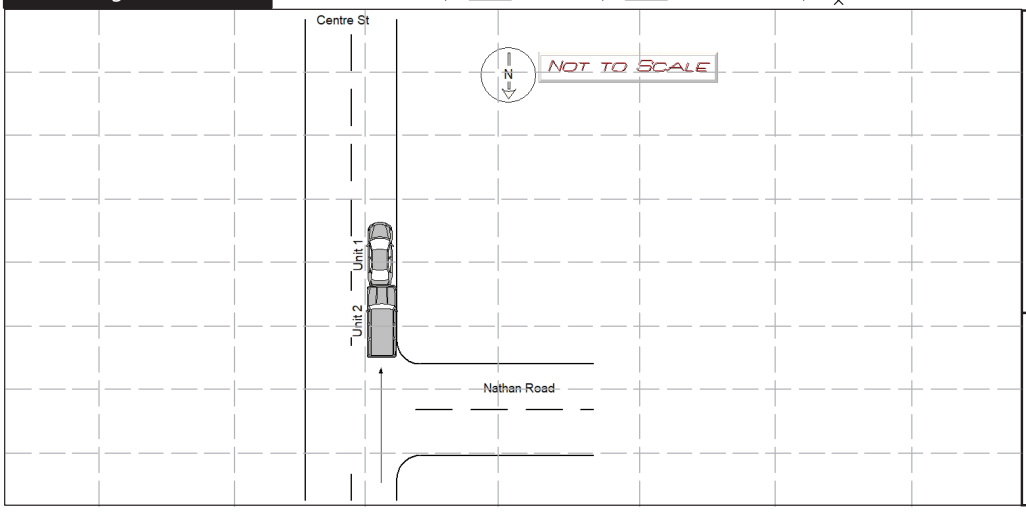
Please fill out for operator and all occupants involved

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	- - - - - - - -	- - -	- - -	99	4	4	0	0	10	1	

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:

Oper # 1 stated she was stopping in traffic while going SB on Centre Street when she was rear ended by Veh # 2.

Oper # 2 admitted fault saying he couldn't stop in time.

No tows. No Injuries.

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]

MICHAEL D BOUDREAU			NEWTON POLICE DEPARTM		06/08/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00