

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/14/2022	Time of Crash 17:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
CENTRE ST								9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____							
Route# Direction Name of Intersecting Roadway/Street			Mile Marker Exit Number							
Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____					11		
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street					2		
			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000527			
License # --- St MA DOB/Age ---			Reg # 7NV155		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2011		Veh Make KIA		Veh Config. 1 20			
Operator AUBERT JEANNE MARIA			Owner (Same as operator)							
Address 21 WHITMAN RD			Address							
City WATERTOWN State MA Zip 02472			City		State		Zip			
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totalled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 13 24 24		Driver Contributing Code 13 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		Underride/Override 25 Towed Y					
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		See Above		1 13			
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			
License # --- St MA DOB/Age ---			Reg # 8BB876		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2015		Veh Make LEXUS		Veh Config. 2 20			
Operator NGUYEN TU NGHIEU			Owner (Same as operator)							
Address 78 CRYSTAL AVE			Address							
City SPRINGFIELD State MA Zip 01108			City		State		Zip			
Insurance Company ALLSTATE			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22		10 Undercarriage			
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		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/Non-Motorist			See Above		See Above		1 13			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Vehicle #1 was traveling northbound on Centre St. and in light traffic when she was approaching the stopped cars ahead when she was blinded by the glare coming over the hill. She saw Vehicle #2 too late due to the glare and was unable to stop in time and struck Vehicle #2 in the rear. Vehicle #2 stated he was traveling northbound on Centre St. and was stopped in traffic at the light when he was struck from behind by Vehicle #1.

Vehicle #1 had moderate damage to the front of the vehicle and was unable to be driven and was towed away by Today's towing. Vehicle #2 had minor damage to the rear bumper and was able to be driven.

All parties were asked if they were injured in the accident and all stated they were unhurt and refused any medical treatments.

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

DERICK ALAN SIEGAL	30878	NEWTON POLICE DEPART	06/14/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00