


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/25/2022		Time of Crash 15:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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				9 EAST 804 BOYLSTON STREET								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				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				Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000564						2	
License # --- St MA DOB/Age ---				Reg # 514HH4 Reg Type PAN Reg State MA				20				12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2008 Veh Make BMW Veh Config. 1				20				12	
Operator BROWNE SARAH ANN Endorsment _____				Owner BROWNE KEVIN M _____				20				12	
Address 13 TRENTON ST (apt. PH2)				Address 13 (apt. PH2) TRENTON ST				20				12	
City CHARLESTOWN State MA Zip 02129				City CHARLESTOWN State MA Zip 02129				20				12	
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage 5 11 Totaled				13	
Citation # (If Issued) _____				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25				13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N				13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				Underride/Override 25 Towed N				13	
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 ----- 1 4 4 0 0 10 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 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				License # --- St CA DOB/Age ---				Reg # JNZ6912 Reg Type PAN Reg State NY				20	
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011 Veh Make HONDA Veh Config. 1				20				20	
Operator REED ETHYN ANTAEUS Endorsment _____				Owner (Same as operator) _____				20				20	
Address 68 ACADEMY AVE				Address _____				20				20	
City PROVIDENCE State RI Zip 02908				City _____ State _____ Zip _____				20				20	
Insurance Company NONE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)				20	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage 5 11 Totaled				20	
Citation # (If Issued) T3044941				Most Harmful Event 1 23				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25				20	
Violation 1: Ch 90/23 Sec _____ Violation 2: Ch 90/9/B Sec _____				Driver Contributing Code 19 24 24				Underride/Override 25 Towed Y				20	
Violation 3: Ch 90/34J Sec _____ Violation 4: Ch 90/10/A Sec _____				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y				20	
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 ----- 1 4 4 0 0 10 1				20	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

to accelerate forward not realizing that MV#1 had not yet entered traffic, striking MV#1 in the rear. While on scene REED gave me registration papers that were not matching his vehicle, therefore, I queried the license plate, REED's drivers license and VIN number. REED's license plate, (NY REG JNZ6912) came back to a 1999 Brown Toyota Camry, however this license plate was attached to a 2011 White Honda Civic belonging to Luis Rios. Subsequently I queried the Vin number on the vehicle (2HGFA1F88BH525771) which came back to the vehicle on scene, a 2011 White Honda Civic owned by REED with a suspended registration due to invalid proof of insurance. Finally I queried REED's California Drivers License (Y2616596) which came back as EXPIRED with a status of "Withdrawn Pending PDPS Clearance".

While I was conducting the investigation Today's was en route to tow the vehicle. Due to the damage from the

(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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPT.

06/25/2022

Police Officer Name (Please Print)


Signature


ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

crash the vehicle was inoperable. I informed REED the vehicle was being towed due to the damage and for not having insurance. I explained to REED I would further investigate the status of his license and the vehicle and Mail him the citation once my investigation was complete.

At this time I am issuing Massachusetts Uniform Citations T3044941 and T3044942 for the following offenses:

C90 S23 Attaching Registration Plates

C90 S34J Operating a MV without Insurance

C90 S9 Operating Unregistered MV

C90 S10 Operating without a License

I also confiscated the New York Registration plate, JNZ6912, and placed it into property and evidence locker

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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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

06/25/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00