

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/11/2022		Time of Crash 09:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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				16 EAST 2000 WASHINGTON ST								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street								2	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000619							
License # --- St MA DOB/Age ---				Reg # 54W780 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make HONDA Veh Config. 2 20									
Operator PETERSON KATHRYN ROSE				Owner (Same as operator)								12	
Address 31 ALBION STREET				Address									
City MELROSE State MA Zip 02176				City State Zip									
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 673YZ4 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2008 Veh Make TOYT Veh Config. 1 20									
Operator HUGHS JOHN M				Owner (Same as operator)									
Address 49A CENTRE ST				Address									
City DOVER State MA Zip 02030				City State Zip									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) T0644896				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch 19/71 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 20 24 24				7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	
HUGHS, TEAGAN				49A CENTRE STREET DOVER, MA 02030				-----				F	

Crash Narrative:

Operator of MV1 (MA reg. 54W780) states she was traveling eastbound on Washington Street when she approached the traffic light which was yellow and turning red. Operator of MV1 states she came to a stop at the light and a short moment later was struck from behind by MV2.

Operator of MV2 (MA reg. 673YZ4) states he was traveling eastbound on Washington Street behind MV1. Operator of MV2 states he was distracted looking back at the rear passenger in his vehicle. When Operator 2 looked back at the road he was unable to stop and struck MV1.

All parties stated they were not injured at the time. I issued all motorists involved the proper information for insurance purposes. Operator of MV2 was issued MA. uniform citation (T0644896) for following too closely.

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

JUAN M GARCIA			NEWTON POLICE DEPARTM		07/11/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					