

# Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 01/30/2019		Time of Crash 08:43 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 type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:							
<div>WEST DEDHAM ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH RACHEL RD</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000122									
License # --- St MA DOB/Age -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment Operator SICKELS KAREN Address 37 DODGE RD City BOSTON State MA Zip 02136 Insurance Company STANDARD FIRE Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # MUSCBX Reg Type PAN Reg State MA Veh Year 2008 Veh Make TOYT Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 21 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y 6									
Please fill out for operator and all occupants involved						13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						Operator See Above --- --- 1 1 4 0 0 5 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped						1									
License # --- St MA DOB/Age -- -- -- Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment Operator JIANG WEI Address 72 GODDARD ST City NEWTON State MA Zip 02461 Insurance Company GEICO Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued) T1272285 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 9RN518 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TESLA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N 6									
Please fill out for operator and all occupants involved						13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility						Operator/Non-Motorist See Above --- --- 1 4 4 0 0 5 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:**

Operator of vehicle 1 stated she was traveling westbound on Dedham St when vehicle 2 pulled out of Rachel Rd in front of her suddenly causing her to strike the passenger side of vehicle 2. Vehicle 1 then bounced to the right and went head on with a tree.

Operator of vehicle 2 stated he stopped for the stop sign on Rachel Rd and was waived out onto Dedham St by another vehicle that was in front of vehicle 1. He then stated he pulled onto Dedham St and was struck by vehicle 1.

A witness, Regina King was traveling westbound on Dedham St two car lengths behind vehicle 1 and saw vehicle 2 pull quickly out of Rachel Rd cutting off vehicle 1. King states that she did not see any other vehicle wave vehicle 2 onto Dedham St.

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
GAYLE, REGINA,	1321 Washington st, newton, ma 02465	-----	Y

**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

MICHAEL ANTHONY IAROSSO      NEWTON POLICE DEPART      01/30/2019

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

♀ Pedestrian



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## 42

CDP1 11 -24:00