

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 03/26/2019		Time of Crash 10:54 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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															
SOUTH CHERRY ST												2															
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10															
At				Feet N S E W of _____ or _____																							
EAST WEBSTER ST				Mile Marker Exit Number																							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11															
Also at Intersection with				Route# Intersecting Roadway/Street								3															
Route# Direction Name of Intersecting Roadway/Street				Landmark																							
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000317																			
License # --- St MA DOB/Age ---				Reg # 12J230 Reg Type PAN Reg State MA																							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2009 Veh Make FORD Veh Config. 2 20																							
Operator CAMPBELL CHRISTOPHER				Owner (Same as operator)									12														
Address 48 EDWARD RD				Address _____																							
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____																							
Insurance Company NORFOLK DEDHAM				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)																			
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4																			
Citation # (If Issued) T1442286				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled																			
Violation 1: Ch 90/8 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				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																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y																							
Please fill out for operator and all occupants involved												13															
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		3		1		0		0		5		1					
LOWE, WRIGLEY				28 KENSINGTON ST NEWTON, MA 02465		-----		M		3		1		3		1		0		0		5		2		NEWTON WELLESLEY	
ALVAREZ, SERGIO				40 OAK AVE NEWTON, MA 02450		-----		M		6		1		3		1		0		0		5		1			
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 MA DOB/Age ---				Reg # 5YY827 Reg Type PAN Reg State MA																							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make MERCEDES Veh Config. 2 20																							
Operator FRANCHI DEIRDRE M				Owner (Same as operator)																							
Address 45 MOODY ST. (apt. 102)				Address _____																							
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____																							
Insurance Company STANDARD FIRE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)																			
Vehicle Travel Direction: N X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4																			
Citation # (If Issued) T1442287				Most Harmful Event 1 23				10 Undercarriage 5 11 Totaled																			
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 13 24 24				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																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y																							
Please fill out for operator and all occupants involved												13															
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		1		1		0		0		5		1					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WEBSTER ST

Unit 1

Unit 2

CHERRY ST

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:

ON 3-26-19 AT APPROX. 1054HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WEBSTER AND CHERRY ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING E-BOUND ON WEBSTER AND HAD THE GREEN LIGHT. WHEN HE WENT THROUGH THE INTERSECTION HE WAS HIT IN THE LEFT SIDE BY VEHICLE #2. VEHICLE #1 STATES AFTER BEING HIT HIS VEHICLE SPUN AND HIS RIGHT REAR SIDE HIT A EVERSOURCE UTILITY POLE (453/7). AFTER HITTING THE UTILITY POLE HIS VEHICLE CONTINUED TO MOVE ACROSS THE STREET TO 35 WEBSTER WHERE HE HIT A ROCK WALL CAUSING DAMAGE TO HIS LEFT FRONT. VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON CHERRY ST. AS SHE APPROACHED WEBSTER ST. SHE STATES SHE WAS BLINDED BY SUN GLARE AND CONFUSED THE LIGHTS AT CHERRY AND WASHINGTON AS BEING THE CORRECT LIGHTS (THEY WERE GREEN AT THE TIME). WHEN SHE REALIZED THE LIGHT AT CHERRY AND WEBSTER WAS RED SHE WAS UNABLE TO AVOID HITTING VEHICLE #1.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
MEDAGLIA, GINA, A	65 (apt B) OAK AVE W NEWTON, MA 02465	-----	Y

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
HARTZELL, ADRIENNE,	35 WEBSTER ST NEWTON, MASSACHUSETTS 0		97	ROCK WALL
, EVERSOURCE,	100 CALVARY ST WALTHAM, MASSACHUSETTS		4	UTILITY POLE

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

THOMAS P WALSH

NEWTON POLICE DEPT

03/26/2019

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:

VEHICLE #1 HAD EXTENSIVE REAR AND LEFT FRONT END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #2 HAD EXTENSIVE FRONT END DAMAGE AND WAS TOWED BY TODYS. OPERATOR OF VEHICLE #2 WAS MAILED CITATION (T1442287) FOR CHAPTER 89/9 FAILURE TO YIELD. VEHICLE #1 WAS MAILED CITATION (T1442286) FOR PASSENGER RESTRICTION VIOLATIONS UNDER JUNIOR OPERATOR LICENSE. ALL PARTIES , (WITH THE EXCEPTION OF WRIGLEY LOWE) REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. CHRISTOPHER CAMPBELL AND SERGIO ALVAREZ WERE TURNED OVER TO THEIR PARENTS. WRIGLEY LOWE WAS TRANSPORTED BY MEDIC2 TO NEWTON WELLESLEY HOSPITAL FOR MINOR CUTS. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. I TOOK APPROX. 7 PICTURES OF THE UTILITY POLE AND THE ROCK WALL. DISC TURNED OVER TO I.T. DIRECTOR SMITH. NEW DISC PLACED IN 492 CAMERA.

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

THOMAS P WALSH

NEWTON POLICE DEPT

03/26/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date