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|--|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|----|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 03/28/2019 | | Time of Crash 09:46 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 | |
| SOUTH DEDHAM STREET Route# Direction Name of Roadway/Street At WEST BOUND BROOK ROAD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street | | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark | | | | | | | | 2 | 10 |
| 1 | | | | 3 | | | | | | | | 11 | 4 |
| 1 | | | | Vehicle 1 0 #Occupants Hit/Run Moped Case Number 190000323 | | | | | | | | 12 | 3 |
| 1 | | | | License # _____ St _____ DOB/Age _____ Reg # 4AG988 Reg Type PAN Reg State MA Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year 2012 Veh Make HONDA Veh Config. 2 20 Operator _____ Last _____ First _____ Middle _____ Owner JOHNSON ANNA Address _____ Last _____ First _____ Middle _____ City _____ State _____ Zip _____ Address 119 STIMSON STREET City WROXBURY State MA Zip 02132 Insurance Company STATE FARM Vehicle Action Prior to Crash 11 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 Most Harmful Event 1 23 Citation # (If Issued) _____ Driver Contributing Code 24 24 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Underride/Override 25 Towed N Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | 13 | 2 |
| 5 | | | | Please fill out for operator and all occupants involved | | | | | | | | 13 | 2 |
| 6 | | | | 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 ----- | | | | | | | | 13 | 2 |
| 7 | | | | Please Select One of the Following: Vehicle 2 3 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped | | | | | | | | 13 | 2 |
| 8 | | | | License # --- St MA DOB/Age --- Reg # 1MMB61 Reg Type PAN Reg State MA Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2018 Veh Make CHRYSLER Veh Config. 2 20 Operator DIAZSANTOS MARIA EUGENIA Endorsment Address 117 FLORENCE STREET Last First Middle City NEWTON State MA Zip 02467 Owner MARTINEZ-GUTIER JUAN CARLOS Address 117 FLORENCE STREET Last First Middle City NEWTON State MA Zip 02467 Insurance Company ALL STATE 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 2 22 22 22 22 2 Most Harmful Event 2 23 Citation # (If Issued) N/A Driver Contributing Code 9 24 19 24 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Underride/Override 25 Towed N Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | 13 | 2 |
| 8 | | | | Please fill out for operator and all occupants involved | | | | | | | | 13 | 2 |
| 8 | | | | 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 ----- MARTINEZ-DIAZ, JUAN, CARLOS 117 FLORENCE STREET NEWTON, MA 02467 --- M 4 4 4 99 0 0 5 1 N/A MARTINEZ-DIAZ, CAROLINA 117 FLORENCE STREET NEWTON, MA 02467 --- F 6 4 4 99 0 0 5 1 N/A | | | | | | | | 13 | 2 |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Bound Brook Road

5 Bound Brook Road

Cannon Street

Dedham Street

MA 1MMB61

MA 4AG988

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 Thursday, March 28, 2019 while assigned to Traffic unit N525, I responded to the area of Dedham Street and Bound Brook Road, Newton for a report of a motor vehicle accident. Dedham Street and Bound Brook Road are both public ways maintained by the City of Newton.

Anna Johnson (S14645384) stated her vehicle, a 2012 Honda CRV (MA: 4AG988), was parked unoccupied on Dedham Street (S) right before Bound Brook Road. Johnson stated she was made aware that her vehicle was hit by a passing vehicle. When she arrived at her vehicle, she observed damage to the driver side door mirror and the rear driver side door area. A note with a name and phone number was left on her vehicle by the operator of MV2.

I spoke with Maria Diaz-Santos (S91121221) stated she was operating her 2018 Chrysler Pacifica

(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

MICHAEL R GAUDET NEWTON POLICE DEPT 03/28/2019

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

CDP1 11 -24:00

