

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 04/10/2019	Time of Crash 17:31 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:							
SOUTH ALBEMARLE RD Route# Direction Name of Roadway/Street At EAST CRAFTS ST 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									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000361					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator BERGERON ERIC G Address 15 BYRON ROAD City WALTHAM State MA Zip 02453 Insurance Company COMMERCE			Reg # 61MS57 Reg Type PAN Reg State MA Veh Year 2012 Veh Make HONDA Veh Config. 1 20 Owner BERGERON MARIA Address 15 BYRON ROAD City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y									
Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) T1442386 Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled									
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 1 0 0 10 1 NONE									
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SLAMIN JUDITH R Address 35 WASHBURN ST City NEWTON State MA Zip 02458 Insurance Company COMMERCE			Reg # 11809 Reg Type PAN Reg State MA Veh Year 2017 Veh Make HONDA Veh Config. 2 20 Owner HONDA LEASE TRUST Address 600 KELLY WAY City HOLYOKE State MA Zip 01040 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y									
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled									
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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 99 0 0 9 2 NEWTON WELLESLEY									

→ 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:**

On Wednesday, April 10th 2019, at approximately 5:31pm, I, Officer Brooks, responded to Crafts St street at Albemarle road, for a report of a 2 car MVA with injuries. Upon my arrival I spoke with the operator of MV1 (MA REG 61MS57), who stated he was traveling southbound on Albemarle road. He stated he stopped at the stop sign at the intersection with Crafts street, and then proceeded over Crafts street down Albemarle road. The operator stated he was struck by MV2 as he was crossing Crafts street. MV1 sustained heavy damage to the passenger side front end and wheel well area. The operator of MV1 was not injured.

I then spoke with the operator of MV2 (MA REG 11809), who stated she was traveling eastbound on Crafts street, when MV1 pulled out in front of her. She was not able to stop and her vehicle struck MV1 in the middle of the intersection. MV2 had damage to the front end. The operator of MV2 was complaining of pain in

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
SARACENO, KURT,	30 PLEASANT ST DOVER, MA 02030	-----	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

JOSEPH J BROOKS	38339	NEWTON POLICE DEPT	04/10/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ 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:

her head from striking the steering wheel.

A witness to the accident stated he was stopped behind MV1 at the intersection of Albemarle road and Crafts street. He stated that MV1 accelerated across the intersection without yielding to MV2, and that there was no time for MV2 to stop safely.

Both vehicles were towed due to the damage. The operator of MV1 was issued in hand MA Uniform Citation T1442386 for 89/9 Failure to safely proceed after stopping. The operator of MV2 was transported by Cataldo to NWH.

#### Witnesses:

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US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date