

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/29/2019	Time of Crash 14:43 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:					
1 1			Route# Direction Name of Roadway/Street At		1 2 10 11 4					
2 2			Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		NORTH 255 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark					
3			<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		Case Number 1900000551					
4 3			License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CEDENO NORMA I Address 525 ESSEX STREET City LAWRENCE State MA Zip 01840 Insurance Company PILGRIM		Reg # 104893 Reg Type SPN Reg State MA Veh Year 2016 Veh Make DODGE Veh Config. 2 20 Owner NORTH READING T Address 55 HAMPSHIRE RD City METHUEN State MA Zip 01844 Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N					
5 1			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) T1270061 Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N					
6 1			Please fill out for operator and all occupants involved		13 1					
			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							
			VELEZ, CRISTINA, S 15 FRONT STREET LAWRENCE, MA 01843							
7 7			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							
8 4			License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SANKER MARY Address 1 CHANNING ST City NEWTON State MA Zip 02458 Insurance Company COMMERCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) N/A Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Reg # BR1247 Reg Type PAS Reg State MA Veh Year 2016 Veh Make BMW 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 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N					
			Please fill out for operator and all occupants involved							
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			Operator/Non-Motorist See Above							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

255 Washington Street

NOT TO SCALE

MV1

MV2

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, May 29, 2019 while assigned to Traffic unit N525, I responded to the area of Centre Street and Washington Street, Newton for a report of a motor vehicle crash involving a school bus. The weather at the time of the crash was overcast and the road surface was dry. Centre Street and Washington Street are both public ways maintained by the City of Newton.

The operator of MV1, Norma Ceden0 (S60008138), stated she was operating a 2016 Dodge Caravan (MA SPN: 104893) around the Washington Street/Centre Street rotary. Ceden0 stated as she was traveling in the left turn lane on Centre Street, she attempted to travel straight (N) through the intersection at Washington Street towards 255 Washington Street. Ceden0 stated the front passenger side of her vehicle crashed into the driver side of MV2. MV2 was attempted to continue left around the rotary and

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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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ 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:

was located on the passenger side of her vehicle. Cendeno reported no injuries. I observed minor damage to the front passenger side tire area of MV1. Cendeno's passenger, Cristina Velez (S04276767), reported not injuries.

The operator of MV2, Mary Sanker (S62890912), stated she was operating her 2016 BMW 328XI around the Washington Street/Centre Street rotary. Sanker stated as she was continuing through the rotary in her lane, the vehicle traveling in the lane to her left (MV2) entered her travel lane in an attempt to travel straight towards 255 Washington Street and crashed into the driver side of her vehicle. I observed moderate damage to the front and rear driver side doors of MV1. Sanker reported no injuries.

The operator of MV1 was cited for Newton City Ordinance Chapter 19, Section 75 (Failure to Use

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Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

