

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/30/2019		Time of Crash 14:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 2	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		
WEST M ROADWAY												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____ Mile Marker Exit Number										
NORTH WISWALL RD														
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11		
Also at Intersection with				Route# Intersecting Roadway/Street								1		
Route# Direction Name of Intersecting Roadway/Street				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 5 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000674								
License # --- St MA DOB/Age ---				Reg # M82794 Reg Type CON Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2014 Veh Make HONDA Veh Config. 1 20										
Operator DOMBROVSKY DAVID				Owner NEWTON DRIVING !								12		
Address 25 KAPPIUS PATH				Address 50 WINCHESTER ST								1		
City NEWTON State MA Zip 02459				City NEWTON State MA Zip _____										
Insurance Company PHILADELPHIA INDEMNITY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: X S E W Responding to Emergency? _____				Event Sequence 4 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 4 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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				4		
Operator See Above				---										
DRIZIK, IGOR, Y 29 HANSON RD NEWTON, MA 02459				F 3 1 4 99 0 0 7 1										
PATTERSON, RHEANNA 15 PAUL GORE ST JAMAICA PLAIN, MA 02130				F 5 2 4 99 0 0 10 1										
PAYNNE, SAREE 9 WAUMBECK ST DORCHESTER, MA 02121				F 6 1 4 99 0 0 10 1										
Please Select One of the Following:		<input type="checkbox"/> Vehicle #Occupants		<input checked="" type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St DOB/Age ---				Reg # Reg Type Reg State										
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year Veh Make Veh Config. 20										
Operator KERWIN-DERRICK HATTIE				Owner										
Address 197 SPIERS RD				Address										
City NEWTON State MA Zip 02459				City State Zip										
Insurance Company				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 23				1 2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed										
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				---										

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/30/2019	Time of Crash 14:56 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 2	Speed Limit <u>25</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>5</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000674			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>M82794</u>		Reg Type <u>CON</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>I</u> <u>19</u> CDL _____			Veh Year <u>2014</u>		Veh Make <u>HONDA</u>		Veh Config. <u>1</u> <u>20</u>			
Operator <u>DOMBROVSKY DAVID</u> Last First Middle			Owner <u>NEWTON DRIVING !</u> Last First Middle		Address <u>50 WINCHESTER ST</u>					
Address <u>25 KAPPIUS PATH</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u>		City <u>NEWTON</u> State <u>MA</u> Zip _____					
Insurance Company <u>PHILADELPHIA INDEMNITY</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>4</u> <u>23</u>		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved			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		-----		-----			
NORNBERGER, MICHAEL			724 COMMONWEALTH AVE NEWTON, MA 02465		-----		M 4 1 4 99 1 0 10 1			
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator _____ Last First Middle			Owner _____ Last First Middle		Address _____					
Address _____			City _____ State _____ Zip _____		City _____ State _____ Zip _____					
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____							
Please fill out for operator and all occupants involved			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		-----		-----			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash		Time of Crash 24HR		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit Latitude Longitude		State Police Local Police MBTA Police Other:	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							10
2	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							11
3	Route# Direction Name of Intersecting Roadway/Street					Landmark							
	<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
	License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20							
4	Operator Last First Middle Address City State Zip Insurance Company					Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							12
5	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed							13
6	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					10 Undercarriage 11 Totaled							
	Please fill out for operator and all occupants involved												
	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												
7	Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
	License # St DOB/Age Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20							
8	Operator KERWIN-DERRICK PATRICIA Address 197 SPIERS RD. City NEWTON State MA Zip 02459 Insurance Company					Owner Last First Middle Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)							
	Vehicle Travel Direction: N S E W Responding to Emergency?					Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed							
	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					10 Undercarriage 11 Totaled							
	Please fill out for operator and all occupants involved												
	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												

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report				Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>	
	24HR								Latitude	Local Police	<input type="checkbox"/>	
									Longitude	MBTA Police	<input type="checkbox"/>	
										Other:	<input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					9
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street									10
At			Feet N S E W of or Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									11
Also at Intersection with			Feet N S E W of Landmark									
Route# Direction Name of Intersecting Roadway/Street												
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
License # St DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class Lic. Restrictions CDL			Veh Year Veh Make Veh Config.			12
Operator Last First Middle			Owner Last First Middle			Address			Address			
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash			
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence			Damaged Area Code: (Circle Up to Three)			10 Undercarriage			
Citation # (If Issued)			Most Harmful Event			Driver Contributing Code			11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override			Towed						
Violation 3: Ch Sec Violation 4: Ch Sec												
Please fill out for operator and all occupants involved			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			13
Operator			See Above			-----			-----			
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type			1 14 Action 2 15 Location 4 16 Condition 1 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
License # St DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class Lic. Restrictions CDL			Veh Year Veh Make Veh Config.			20
Operator KERWIN-DERRICK DAVID			Owner			Address			Address			
Address 197 SPEIRS RD			City NEWTON State MA Zip 02459			City State Zip			Vehicle Action Prior to Crash			
Insurance Company			Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence			Damaged Area Code: (Circle Up to Three)			
Citation # (If Issued)			Most Harmful Event			Driver Contributing Code			11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override			Towed						
Violation 3: Ch Sec Violation 4: Ch Sec												
Please fill out for operator and all occupants involved			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			-----			7 2			BOSTON CHILDREN'S

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

WISWALL RD

P.O.I.

M ROADWAY

Unit 1

NOT TO SCALE

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 06/30/2019 at 15:30 hours I was notified by Sgt Lee that a crash involving a motor vehicle and a bicyclist had occurred on Wiswall Rd at M Roadway. Upon my arrival at the crash scene I made the following observations, Wiswall Rd is a two lane non divided public way in the city of Newton that runs north to south from a dead end to Dedham St. The posted speed limit on Wiswall Rd is 25 MPH. M Roadway is a two lane non divided public way that runs west to east from Wiswall Rd to a dead end cul-de-sac. The weather conditions at the at of the crash were cloudy, and the roadway surface was wet from rain. I observed MA commercial registration M82794 a gray 2014 Honda Accord stopped in the north bound lane of Wiswall Rd at M Roadway. The Honda is registered to Newton Driving School. I observed two smudge marks approximately four inches in length on the center portion of the front and rear passenger side doors of the Honda. I also

(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

Crash Narrative:

Kerwin-Derrick, who stated " We all know that David rode his bike into the car " and that her son had a broken left leg. Kerwin-Derrick is a student at the Memorial Spaulding School.

Based upon my observations of the crash scene and statements made to me , I believe that Kerwin-Derrick's unintentionally rode his bike into the passenger side of the Honda.

Photos were taken of the Honda, bike and crash scene and the disk was down loaded by the NPD's IT Bureau.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

MICHAEL A MCSWEENEY			NEWTON POLICE DEPT#3		06/30/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					