

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/01/2019	Time of Crash 11:48 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	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"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 802 WALNUT ST 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>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000677			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>934RJ9</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2019</u>		Veh Make <u>TOYOTA</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>MARTINEZ</u> <u>DAYANA</u> <u>D</u>			Owner <u>(Same as operator)</u>		First _____ Middle _____		Last _____			
Address <u>14 ALLSTON STREET (apt. 1)</u>			Address _____		First _____ Middle _____		Last _____			
City <u>BOSTON</u> State <u>MA</u> Zip <u>02115</u>			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company <u>GOVT EMPLOYEE</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>23</u> 3 <u>9</u> 4 <u>10</u>		5 <u>11</u> Totalled			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>9</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>N</u>			
Citation # (If Issued) <u>T1272998</u>			Violation 1: Ch <u>89/4A</u> Sec _____ Violation 2: Ch _____ Sec _____		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			See Above		-----		99 4 99 0 0 10 1 N/A			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 <u>MA</u> DOB/Age _____			Reg # <u>3AL821</u>		Reg Type <u>PAN</u>		Reg State <u>MA</u>			
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>1999</u>		Veh Make <u>FORD</u>		Veh Config. <u>2</u> <u>20</u>			
Operator <u>KENNEALLY</u> <u>GERARD</u> <u>M</u>			Owner <u>(Same as operator)</u>		First _____ Middle _____		Last _____			
Address <u>360 RIVERWAY (apt. 19)</u>			Address _____		First _____ Middle _____		Last _____			
City <u>BOSTON</u> State <u>MA</u> Zip <u>02115</u>			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company <u>GEIKO</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 <u>23</u> 3 <u>9</u> 4 <u>10</u>		5 <u>11</u> Totalled			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>1</u> <u>23</u>		Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed <u>N</u>			
Citation # (If Issued) <u>N/A</u>			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		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		-----		99 4 99 0 0 10 1 N/A			

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

**NOT TO SCALE**

Unit 2  
Unit 1  
Walnut Street  
802 Walnut Street

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 Monday, July 1, 2019 while assigned to Traffic unit N525, I responded to the area of 802 Walnut Street, Newton for a report of a motor vehicle accident. The weather at the time of the accident was clear and sunny. The road surface was dry. Walnut Street is a public way maintained by the City of Newton.

The operator of MV1, Dayana Martinez (S96710554), stated she was operating her 2019 Toyota Rav 4 (MA: 934RJ9), Northbound in the area of 802 Walnut Street, Newton. Martinez stated as she was coming around the bend the sensor system for her vehicle activated and she attempted to pull her vehicle away from the double yellow line. Martinez stated the vehicle locked up and she made contact with MV2. Martinez reported no injuries on scene. I observed moderate damage to the front driver side area of MV1.

The operator of MV2, Gerard Kenneally (S75917793), stated he operating his 1999 Ford E150 (MA:

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
STEWART, BRYAN,	22 WILLIS AVENUE FRAMINGHAM, MA 01702	-----	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 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

MICHAEL R GAUDET	NEWTON POLICE DEPT	07/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #    Department    Precinct/Barracks    Date



♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

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CDP1 11 -24:00