

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/02/2019		Time of Crash 17:05 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 DORR RD												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
WEST KENRICK ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								3	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000683							
License # --- St MA DOB/Age ---				Reg # T70831 Reg Type CON Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007 Veh Make CHEV Veh Config. 2 20									
Operator FIGUEROA MARVIN A				Owner JP PAINT WORK PLU								12	
Address 107 ALEXANDER STREET				Address 48 WAUSHAKUM STREET									
City FRAMINGHAM State MA Zip 01702				City FRAMINGHAM State MA Zip 01702									
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6					
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 See Above				1 4 4 0 0 10 1									
POLANCO, MARIO 318 HOLLIS STREET FRAMINGHAM, MA 01702				M 3 1 4 4 0 0 10 1									
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 ---				Reg # 5KY657 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2019 Veh Make HONDA Veh Config. 2 20									
Operator BYRNE BREDA				Owner HONDA LEASE TRUST									
Address 130 GROVE ST				Address 600 KELLY WAY									
City QUINCY State MA Zip 0216 9				City HOLYOKE State MA Zip 01040									
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6					
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				1 3 4 0 0 10 1									

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		Route# Direction Address # Name of Roadway/Street					10
At			Feet N S E W of		Feet N S E W of					11
Route# Direction Name of Intersecting Roadway/Street			Mile Marker		Exit Number					
Also at Intersection with			Route# Intersecting Roadway/Street		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		Veh Year Veh Make Veh Config.					12
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config.		Veh Year Veh Make Veh Config.					
Operator Last First Middle			Owner Last First Middle		Operator Last First Middle					
Address			Address		Address					
City State Zip			City State Zip		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		Event Sequence 22 22 22 22					
Citation # (If Issued)			Most Harmful Event 23		Most Harmful Event 23					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24		Driver Contributing Code 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed		Underride/Override 25 Towed					
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					13
Operator			See Above		Operator					
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		Veh Year Veh Make Veh Config.					14
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config.		Veh Year Veh Make Veh Config.					
Operator TAYCHER ELENA			Owner Last First Middle		Operator Last First Middle					
Address 337 KENRICK ST			Address		Address					
City NEWTON State MA Zip 02458			City State Zip		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		Event Sequence 22 22 22 22					
Citation # (If Issued)			Most Harmful Event 23		Most Harmful Event 23					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24		Driver Contributing Code 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed		Underride/Override 25 Towed					
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					15
Operator/Non-Motorist			See Above		Operator/Non-Motorist					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

337

KENRICK STREET

DORR ROAD

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 07/02/2019, while assigned to N494, I, Officer Conary, and Officer Anderson (N502) responded to Kenrick Street for a MVA. Upon arrival, I met with witness GRAU, who told me that he observed MV1 traveling Westbound on Kenrick Street. MV2 was exiting Dorr Road onto Kenrick Street and quickly went across the lanes of traffic and hit the stone wall at 337 Kenrick Street. MV1 swerved and hit MV2 on the front right side. Operator of MV1 stated that he was traveling Westbound when MV2 quickly exited Dorr Road and went across Kenrick Street. Operator of MV1 swerved but hit MV2 on the front right side. MV1 had heavy front end damage. Operator of MV2 stated that she stopped on Dorr Road waiting to turn onto Kenrick Street. MV2 began to roll back slightly due to being on a hill. Operator of MV2 pressed the gas to move up but pressed it too much which caused her to accelerated across Kenrick Street. MV2 then hit the stone wall at 337 and then MV2

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GRAU, AARON,	334 KENRICK STREET NEWTON, MA	-----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
TAYOR, ELENA,	337 KENRICK STREET NEWTON, MASSACHUSETTS 0	6179641653	97	STONE WALL

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

KRISTINA CONARY NEWTON POLICE DEPARTM 07/02/2019

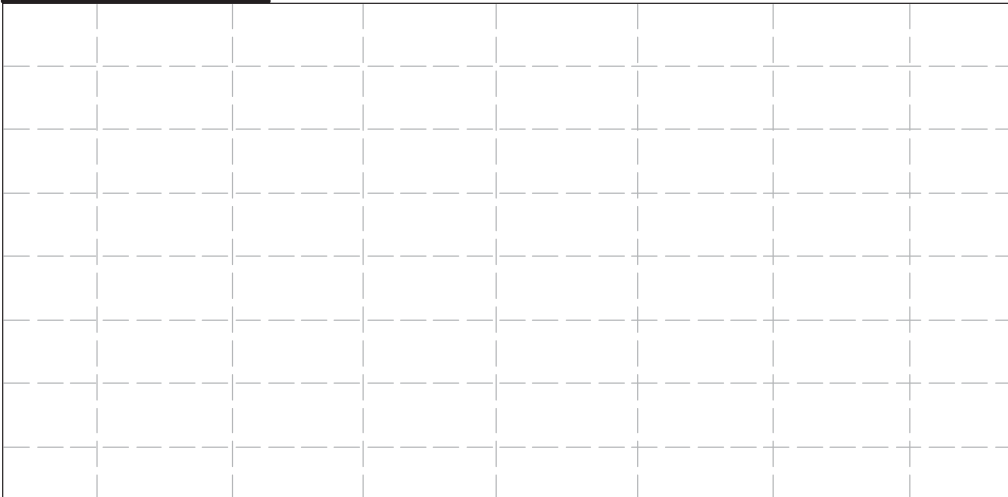
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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:

collided with MV1. MV2 had heavy front end and right side damage.

All operators and passengers were offered and signed patient refusals from the medics. Both motor vehicles were towed from the scene. Pictures were taken of the property damage to be submitted to IT accordingly. No further incident to report.

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

KRISTINA CONARY

NEWTON POLICE DEPART

07/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

