

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/13/2019	Time of Crash 16:19 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	Number Injured 2	Speed Limit <u>30</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 _____			WEST 808 BEACON 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000937			
License # _____ St _____ DOB/Age _____			Reg # UNK		Reg Type UNK		Reg State XX			
Sex <u>F</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year UNK		Veh Make UNK		Veh Config. <u>1</u> <u>20</u>			
Operator UNKNOWN UNKNOWN UNKNOWN Last First Middle			Owner (Same as operator)		First Middle					
Address UNK UNK			Address _____		First Middle					
City UNK State XX Zip UNK			City _____ State _____ Zip _____		First Middle					
Insurance Company UNKNOWN			Vehicle Action Prior to Crash <u>1</u> <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 checked="" type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>3</u> <u>22</u> <u>3</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>3</u> <u>23</u>		10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>97</u> <u>24</u> <u>24</u>		5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>		8 7 6					
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			
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>14</u>		Action <u>1</u> <u>15</u> Location <u>3</u> <u>16</u> Condition <u>1</u> <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State <u>20</u>			
Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____		Veh Make _____		Veh Config. <u>20</u>			
Operator WES MOORE Last First Middle			Owner _____		Last First Middle					
Address 20 ACACIA AVE.			Address _____		First Middle					
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		First Middle					
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>		2 3 4					
Citation # (If Issued) _____			Most Harmful Event <u>23</u>		10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>24</u> <u>24</u>		5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____		8 7 6					
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		-----		8 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									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 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Endorsment			Operator Last First Middle			Owner Last First Middle						12
Address			Address									
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			2 3 4						
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6						
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			13
Operator			See Above			-----						
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 14 97			Action 15 97 Location 16 5 Condition 17 1			<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									
Endorsment			Operator MOORE JAMIE Last First Middle			Owner Last First Middle						
Address 20 ACACIA AVE.			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 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6						
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			-----			10 1			

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								
3	<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped									
4	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							12	
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)								
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								
7	Please fill out for operator and all occupants involved													
7	Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility													
7	Operator See Above													
7														
7														
7														
7	Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 3 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
8	License # St DOB/Age Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment					Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20								
8	Operator TORO LUCA Address 162 WARREN STREET 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)								
8	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								
8	Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					10 Undercarriage 11 Totaled								
8	Please fill out for operator and all occupants involved													
8	Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility													
8	Operator/Non-Motorist See Above													
8														
8														
8														

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 <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
1	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 _____							10
	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 _____							11
2	Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____							
3	<input type="checkbox"/> Vehicle ____#Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
	License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____					Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							12
4	Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____					Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)							
5	Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 1 9 5 11 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 8 7 6 Underride/Override <input type="checkbox"/> 25 Towed _____							13
6	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												
7	Please Select One of the Following: <input type="checkbox"/> Vehicle ____#Occupants		<input checked="" type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 1		14 Action <input type="checkbox"/> 97		15 Location <input type="checkbox"/> 5		16 Condition <input type="checkbox"/> 1		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
	License # _____ St _____ DOB/Age _____ Sex <input type="checkbox"/> F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsment _____					Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20							
8	Operator <u>TORO</u> <u>ALYSSA</u> <u>D</u> Last First Middle Address <u>162 WARREN ST</u> City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u> Insurance Company _____					Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 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? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 3 4 Most Harmful Event <input type="checkbox"/> 23 1 9 5 11 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 8 7 6 Underride/Override <input type="checkbox"/> 25 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												

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Bank of America (808 Beacon Street)

Beacon 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 Friday, September 13, 2019 at approximately 16:19 hours, while assigned to N496, I responded to 162 Warren St. for a report that two boys were hit by a car earlier in the day. Once on scene I spoke with Wes Moore and Luca Toro (both attend Oak Hill Middle School), as well as their mothers Jamie Moore and Alyssa Toro. Wes and Luca explained that at about 15:15 hours, they were crossing at the crosswalk adjacent to the Bank of America in Newton Centre (808 Beacon Street), heading towards the Newton Centre municipal parking lot. The boys stated that as they crossed a large van, which was traveling westbound on Beacon Street in the left turn lane, stopped to let them cross. Wes and Luca stated that they did not realize that there was another westbound travel lane, and after passing the truck they were both hit by an unknown sedan. Wes and Luca stated that the driver, who they described as an approximately 50 year old white female, got

(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

ALEXANDER COLETTI

28070

NEWTON POLICE DEPART

09/13/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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 09/16/2019 at approximately 0900 hours I responded to the Bank of America and spoke with the employees who stated they do not have any cameras that record the street or sidewalk areas. The camera they have only records the front door and lobby area.

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

Gross Vehicle Weight

Cargo Body Type Code

Gross Vehicle Weight

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

ALEXANDER COLETTI

28070

NEWTON POLICE DEPARTMENT

09/13/2019

---

Police Officer Name (Please Print)

Signature \_\_\_\_\_

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_