

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/06/2019	Time of Crash 08:59 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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:			
Route# Direction Name of Roadway/Street At			NORTH 183 JACKSON RD				Route# Direction Address # Name of Roadway/Street			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001142	
License # --- St MA DOB/Age ---			Reg # S29646 Reg Type CON Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2001 Veh Make FORD Veh Config. 2 20			
Operator GRIJALBA BYRON			Owner (Same as operator)				Operator GRIJALBA BYRON			
Address 20 BROWN ST			Address _____				City WALTHAM State MA Zip 02453			
Insurance Company PLYMOUTH ROCK ASSURANCE			Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				Most Harmful Event 1 23			
Citation # (If Issued) _____			Driver Contributing Code 99 24 24				Underride/Override 25 Towed N			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Diagram: 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			
ALVARADO, PEDRO			42 PROSPECT ST (apt 2) WALTHAM, MA 02463				---			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 7 #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 # LV81584 Reg Type LVN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2019 Veh Make FORD Veh Config. 2 20			
Operator STEPHENS DONYELL			Owner REM SERVICES				Operator STEPHENS DONYELL			
Address 29 NILE ST			Address 4C YANKEE DIVISION RD				City BILLERICA State MA Zip 01821			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22				Most Harmful Event 1 23			
Citation # (If Issued) _____			Driver Contributing Code 99 24 24				Underride/Override 25 Towed N			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Diagram: 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			
WHITE, JACQUELYN			301 SOUTH HUNTINGTON BOSTON, MA 02130				---			
RWHITLEY, EARL			23 JACOBS ST BOSTON, MA 02124				---			
PROCACCINI, MICHAEL			89 NEEDHAM ST BUILDING F (apt 2251) NEWTON, MA				---			

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AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____							
2 Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
3			Landmark _____							
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001142	
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	
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____			Address _____			Address _____	
City _____ State _____ Zip _____			City _____ State _____ Zip _____			Insurance Company _____			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			Citation # (If Issued) _____			Most Harmful Event 23	
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			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 checked="" type="checkbox"/> Vehicle 2 7 #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 # LV81584 Reg Type LVN Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make FORD Veh Config. 2 20			Operator STEPHENS DONYELL				
Address 29 NILE ST			Owner REM SERVICES			Address 4C YANKEE DIVISION RD				
City BILLERICA State MA Zip 01821			City BEDFORD State MA Zip 01730			Insurance Company COMMERCE				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			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				
CRADOCK, JUAN			30 MURDOCK ST BRIGHTON, MA 02135			BRADY, SHIELA				
SLOAN, JANICE			103 CHILD ST BOSTON, MA 02130							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Jackson Rd

183 Jackson 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 Wednesday, November 6th, 2019, at approximately 0859 hours I, Officer Newton and Officer Boudreau were dispatched to 183 Jackson Rd for a motor vehicle accident.

Upon arrival I spoke to the operator of vehicle 1. He stated he was driving Southbound on Jackson Rd when vehicle 2 came into his lane while driving the opposite direction and side swiped him.

The operator of vehicle 2 stated he was driving Northbound on Jackson Rd when vehicle 1 came into his lane while driving the opposite direction and sideswiped him.

The operator and passenger in vehicle 1 stated they had minor injuries from the collision but did not request any medical assistance. The operator and passengers of vehicle 2 denied any injuries or medical assistance. Both vehicles were able to drive away from the scene safely.

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 # S29646 (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 #: C60267 Reg Type TRN Reg State MASSAC Reg Year 2019 Trailer Length 97 39

Hazmat Information:

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

RICHARD NEWTON **NEWTON POLICE DEPTA** **11/06/2019**

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

CDP1 11 -24:00