

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/26/2019		Time of Crash 14:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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		
Route# Direction Name of Roadway/Street At				EAST 140 BRANDEIS RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001213					3	
License # --- St MA DOB/Age ---				Reg # 1CM113 Reg Type PAN Reg State MA				Veh Year 2014 Veh Make BMW Veh Config. 2					12	
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsment				Operator DALEY KEVIN F Last First Middle								1		
Address 25 HAWTHORNE AVE				Owner (Same as operator) Last First Middle								12		
City NEWTON State MA Zip 02466				City _____ State _____ Zip _____								12		
Insurance Company AMICA MUTUAL				Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three)								12		
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								12		
Citation # (If Issued) _____				Most Harmful Event 1 23								12		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24								12		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								12		
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								13		
												13		
												13		
												13		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #Occupants				<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		13
License # --- St MA DOB/Age ---				Reg # 109416 Reg Type BUN Reg State MA				Veh Year 2019 Veh Make FORD Veh Config. 2					13	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment				Operator KEEGAN KATHLEEN Last First Middle								13		
Address 132 BEDFORD ST				Owner JSC TRANSPORTATI Last First Middle								13		
City WALTHAM State MA Zip 02453				City WALTHAM State MA Zip 02453								13		
Insurance Company NATIONAL INTERSTATE				Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three)								13		
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4								13		
Citation # (If Issued) _____				Most Harmful Event 1 23								13		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24								13		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								13		
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/Non-Motorist				See Above								13		
SIRIWARDENA, VIAN				89 NEEDHAM ST (apt 2312) NEWTON, MA 02461								13		
PEREZ, TALLULAH				10 BOYLSTON ROAD NEWTON, MA 02461								13		
												13		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

Brandeis Rd

140 Brandeis Rd

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 11/26/19 at 14:11 hours, I responded to Newton South High School located at 140 Brandeis Road for a two car motor vehicle accident involving a school transport van for the City of Newton and another vehicle. No injuries were reported. The road conditions at the time were dry and the weather was a mix of sun and clouds. Traffic conditions were heavy due to the release of school at the time.

Operator of MV# 1 states he was operating straight ahead eastbound on Brandeis Road awaiting the backed up traffic in front of him that was entering the right roundabout for the main entrance to the high school. While doing so, he states that MV # 2 came up and passed him on the left to go around the traffic. MV # 2 then clipped his vehicle on the driver's side front quarter panel while passing him. I observed no visible damage to the quarter panel area and scuff marks to the left front rim which possibly were from the

(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


JEREMY L WILSON 25227 NEWTON POLICE DEPTA 11/26/2019

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

accident.

Operator of MV # 2 states she was also operating straight ahead eastbound on Brandeis Road awaiting the backed up traffic in front. She states that once there was an opening in the roadway ahead of her, she signaled her left directional and started to pass traffic on the left. While doing so, she says that MV # 1 suddenly pulled out to the left without signaling and struck her vehicle on the front passenger side. I observed minor scuff marks to the front passenger quarter panel area and slight damage to the metal grate footstep on the passenger side. The operator was also transporting two students for the City of Newton through JSC Transportation Services at the time. Both students attend Newton South High School.

Digital photos taken of the scene and damage.

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