

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/16/2019	Time of Crash 10:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 35 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
CONCORD ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____					Exit Number		
WEST WASHINGTON ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					Route# Intersecting Roadway/Street		
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street								Landmark		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001292			
License # --- St MA DOB/Age ---			Reg # 51YY15		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017		Veh Make HONDA		Veh Config. 1 20			
Operator BICKNELL MERLE			Owner (Same as operator)							
Address 81 PRAIRIE AVE			Address _____							
City AUBURNDALE State MA Zip 02466			City _____ State _____ Zip _____							
Insurance Company AMICA			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 20 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 3 24 24			
Citation # (If Issued) _____			Underride/Override 25		Towed Y		10 Undercarriage 5 11 Totaled			
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 See Above			-----		1 3 4 0 0 8 2		BRIGHAM			
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 # 2BM925		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013		Veh Make NISS		Veh Config. 2 20			
Operator MERLE FREDERICK			Owner (Same as operator)							
Address 1315 SOUTH ST			Address _____							
City NEEDHAM State MA Zip 02492			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 1 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24			
Citation # (If Issued) _____			Underride/Override 25		Towed Y		10 Undercarriage 5 11 Totaled			
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			-----		1 1 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Operator of vehicle 1 states she was traveling westbound on Washington St when vehicle 2 turned quickly in front of her giving her no time to stop and they crashed. As a result of the crash her car rolled backwards into the opposite curb.

Operator of vehicle 2 states he was traveling eastbound on Washington St and was waiting to turn left onto Concord St. The traffic light on Washington turned yellow and he went to turn when vehicle 1 came at him at a high rate of speed and hit him head on causing his vehicle to spin around and strike vehicle 3 on Concord St head on.

Operator of vehicle 3 stated he was stopped on Concord St at the light to Washington St when vehicle 1 struck vehicle 2 and pushed him into his vehicle.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
BUENRROSTRO, JOSE,	2310 WASHINGTON ST NEWTON, MA 02462	-----	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

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

MICHAEL ANTHONY IAROSSO **NEWTON POLICE DEPARTMENT** **12/16/2019**

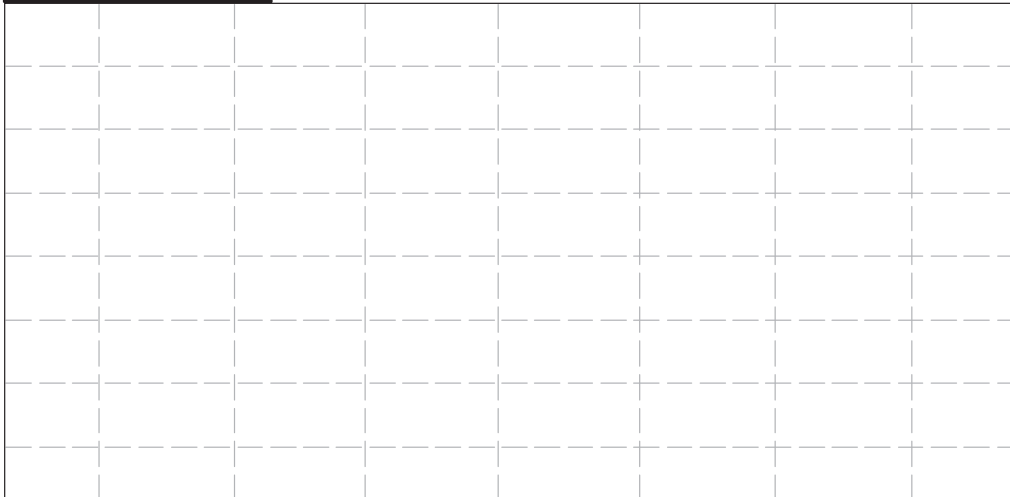
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

After the accident I spoke to a witness who stated he had video of the incident. Jose Buenrrostro works at 2310 Washington St and was able to show me the footage. In the footage you can see vehicle 1 not slow down for the yellow light on Washington which turns red before she reaches the intersection. She then attempts to swerve around vehicle 2 but was unable to causing the collision.

All three vehicles were towed by todys. The operator of vehicle 1 was transported to Brighams Hospital by Cataldo for injuries. Both other operators signed patient refusals with the medics.

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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

12/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date