

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|---|---------------------|--|---|----------------------|--|-----------------------|--|--|
| Date of Crash 12/17/2019 | Time of Crash 10:58 24HR | City/Town NEWTON | Number Vehicles 4 | Number Injured 0 | Speed Limit 35 Latitude _____ Longitude _____ | State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| Route# Direction Name of Roadway/Street At | | | WEST 1874 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____ Feet [N S E 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 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190001296 | | |
| License # --- St RI DOB/Age --- | | | Reg # VQ656 Reg Type PAN Reg State RI | | | Veh Year 2013 Veh Make CHEVY Veh Config. 1 20 | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Owner (Same as operator) | | | First Middle | | | | | |
| Operator CROTEU PAUL | | | Address | | | First Middle | | | | | |
| Address 21 WINDSONG RD | | | City _____ State RI Zip 02864 | | | City _____ State _____ Zip _____ | | | | | |
| Insurance Company UNKNOWN | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: [N S X W] Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 7 24 24 | | | 8 7 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | | | | | | |
| 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 1 99 0 0 10 1 | | | | | |
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| 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 # S46114 Reg Type CON Reg State MA | | | Veh Year 2016 Veh Make NISS Veh Config. 2 20 | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Owner TRI WIRE | | | First Middle | | | | | |
| Operator VASQUEZ ALCESTER | | | Address 600 CORPORATE PK | | | First Middle | | | | | |
| Address 100 STOCKTON ST (apt. 81) | | | City ST LOUIS State MO Zip 63105 | | | City _____ State _____ Zip _____ | | | | | |
| Insurance Company LIBERTY MUTUAL FIRE | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: [N S X W] Responding to Emergency? N | | | Event Sequence 1 22 1 22 22 22 | | | 10 Undercarriage | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | | 5 11 Totaled | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 1 24 24 | | | 8 7 6 | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | | | | | | |
| 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 | | | 99 4 99 0 0 10 1 | | | | | |
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| Date of Crash 12/17/2019 | Time of Crash 10:58 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | | Number Vehicles 4 | Number Injured 0 | Speed Limit 35 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 _____ | | | Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet [N S E W] of _____ Landmark _____ | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190001296 | |
| License # _____ St MA DOB/Age _____ | | | Reg # T75416 | | | Reg Type CON | | | Reg State MA | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2017 | | | Veh Make FORD | | | Veh Config. 2 20 | |
| Operator MORAIS GILMAR | | | Owner (Same as operator) | | | | | | | |
| Address 14 BLAKE ST | | | Address _____ | | | | | | | |
| City NEWTON State MA Zip 02460 | | | City _____ State _____ Zip _____ | | | | | | | |
| Insurance Company ARBELLA | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | | |
| Vehicle Travel Direction: [N S X W] Responding to Emergency? N | | | Event Sequence 1 22 1 22 30 22 22 | | | 10 Undercarriage | | | | |
| Citation # (If Issued) T2013549 | | | Most Harmful Event 1 23 | | | 5 11 Totaled | | | | |
| Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 1 24 24 | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | | | | | |
| 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 | | | | |
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| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 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 # 2VX288 | | | Reg Type PAN | | | Reg State MA | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2016 | | | Veh Make TOYOTA | | | Veh Config. 2 20 | |
| Operator PETERS SAMARA | | | Owner COCOMA MARY | | | | | | | |
| Address 24 RICKER RD | | | Address 24 (apt. 1) RICKER RD | | | | | | | |
| City NEWTON State MA Zip 02458 | | | City NEWTON State MA Zip 02458 | | | | | | | |
| Insurance Company STANDARD FIRE | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | | |
| Vehicle Travel Direction: [N S E X] Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | | 10 Undercarriage | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | | 5 11 Totaled | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 1 24 24 | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | | | | | |
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| 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 99 0 0 10 1 | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St (1874)

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 stated he was travelling Westbound on Washington St. The road conditions at that time was covered in Slush and ice. Operator #1 stated as he was rounding a slight bend in the Rd. His vehicle continued to slide to the left and into oncoming Eastbound traffic. Vehicle #1 Then collided with vehicle #2. Operator of vehicle #2 stated he was traveling Eastbound on Washington St. when vehicle #1 slid into his travel lane, striking his vehicle head on. He stated vehicle #2 then Struck vehicle #3 which had been driving eastbound to his right. Operator of Vehicle #3 stated he was travelling Eastbound when his vehicle was struck by Vehicle #2 which caused his vehicle to spin out of control and into the Westbound travel lane where his vehicle struck Vehicle #4. Vehicle #3 then struck the fence owned by the Woodland Golf Club. Operator #4 stated she was travelling Westbound when vehicle #3 spun out of control and struck her vehicle. Operator

(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 |
|-----------------------------|---|--------------|---------|---------------------------------|
| KOHR, STEPHEN, | 1897 WASHINGTON ST NEWTON, MASSACHUSETTS 0 | 617-527-1900 | 97 | WOODEN FENCE |
| | | | | |

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

DANIEL NARDELLI NEWTON POLICE DEPART 12/17/2019

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

CDP1 11 -24:00

[illegible]

| Property Damage: | | | | |
|-----------------------------|---------|---------|---------|---------------------------------|
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
| | | | | |
| | | | | |

| | | | | | |
|------------------------------------|-----------|------------|-----------------------|-------------------|------------|
| DANIEL NARDELLI | | | NEWTON POLICE DEPARTM | | 12/17/2019 |
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |
| CDP1 11 :24:00 | | | | | |