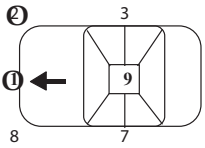
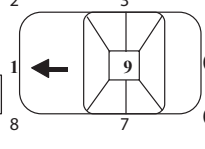


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/25/2019	Time of Crash 20:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>25</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 107 SHERIDAN 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 _____							
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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001335			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>BR44CC</u>		Reg Type <u>PAS</u>		Reg State <u>MA</u>			
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2018</u>		Veh Make <u>VOLKSWAGON</u>		Veh Config. <u>1</u> <u>20</u>			
Operator <u>LAURIN</u> <u>NICOLE</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle							
Address <u>53 DEXTER ST</u>			Address _____							
City <u>WALTHAM</u> State <u>MA</u> Zip <u>02451</u>			City _____ State _____ Zip _____							
Insurance Company <u>NORFOLK AND DEDHAM</u>			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 checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 11 Totaled			
Citation # (If Issued) <u>T2013231</u>			Most Harmful Event <u>2</u> <u>23</u>							
Violation 1: Ch <u>90/24F</u> Sec _____ Violation 2: Ch <u>90/17G</u> Sec _____			Driver Contributing Code <u>10</u> <u>24</u> <u>2</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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			-----		---		99 3 1 0 0 9 2 NWH			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____			Reg # <u>AC74724</u>		Reg Type <u>PAS</u>		Reg State <u>CT</u>			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year <u>2012</u>		Veh Make <u>TOYOTA</u>		Veh Config. <u>1</u> <u>20</u>			
Operator _____ Last First Middle			Owner <u>CORI</u> <u>CANDICE</u> Last First Middle							
Address _____			Address <u>106 MASTERS DRIVE</u>							
City _____ State _____ Zip _____			City <u>SOUTHINGTON</u> State <u>CT</u> Zip <u>06489</u>							
Insurance Company <u>AMERICAN COMMERCE</u>			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>							
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			-----		---					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

The operator of MV1, Nicole Laurin, sates that she was driving southbound on Sheridan Street when she lost control of her vehicle causing her to crash into MV2 which was parked in front of 107 Sheridan Street.

Both vehicles sustained major damage and airbag deployment and were towed from the scene by Tody's.

Due to the high rate of speed of the crash and air bag deployment, the operator of MV1 was transported to Newton Wellesley Hospital to be evaluated.

It should be noted that prior to the reported crash there was a 911 call regarding a white sedan traveling at a high rate of speed going through numerous traffic signals and signs in a densely populated neighborhood with narrow streets. After the crash several more 911 calls were received stating that a vehicle traveling at an excessive rate of speed just crashed into a parked vehicle. Based on these calls and the nature of 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 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

HAGAI BRANDON	30619	NEWTON POLICE DEPART	12/25/2019
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

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

crash, Ms. Nicole Laurin was issued in hand Massachusetts Unifrom Citation T2013231 for 90-24, Operating to Endanger, and 90-17, Speeding over the reasonable and proper rate.

Sheridan Street is a public way in the city of Newton.

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
----------------------	----	----------------------	----

37

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

HAGAI BRANDON

30619

NEWTON POLICE DEPARTMENT

12/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____