# Commonwealth of Massachusetts
# Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

| Date of Crash | Time of Crash | City/Town | Number Vehicles | Number Injured | Speed Limit | State Police |
|---|---|---|---|---|---|---|
| 01/21/2020 | 07:17 24HR | NEWTON | 2 | 3 | 35 | ☐ |
| | | | | | Latitude | Local Police ☒ |
| | | | | | Longitude | MBTA Police ☐ |
| | | | | | | Other: |

**AT INTERSECTION:** < LOCATION > **NOT AT INTERSECTION:**

1 1 — Route# EAST Direction FRANKLIN ST Name of Roadway/Street

At

Route# SOUTH Direction WAVERLEY AVE Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 9 — Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number

2 10 — Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 11 — ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2000000078

4 2 — License # --- St CT DOB/Age -- -- ---- Reg # R52709 Reg Type CON Reg State MA

Sex F Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2014 Veh Make FORD Veh Config. 2 20

Operator LAFORTUNE (Last) JENNIFER (First) LYNN (Middle) Owner SODEXO (Last) MANAGEMENT (First) (Middle) 1 12

Address 317 E PUTNAM RD Address BX 352

City PUTNAM State CT Zip 06260 City BUFFOLO State NY Zip 14240

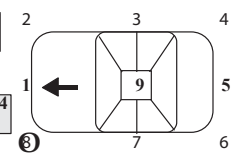
Insurance Company GREENWICH Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

5 1 — Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 99 24 24

6 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y




10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved 1 13

| 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 | 4 | 0 | 0 | 9 | 2 | NWH |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

7 2 — Please Select One of the Following: ☒ Vehicle 2 2 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

8 1 — License # --- St WY DOB/Age -- -- ---- Reg # 227497 Reg Type PAS Reg State WY

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2006 Veh Make VOLVO Veh Config. 1 20

Operator WYSS (Last) AMY (First) ELIZABETH (Middle) Owner (Same as operator) (Last) (First) (Middle)

Address 4885 HHR ROAD Address

City WILSON State WY Zip 83014 City State Zip

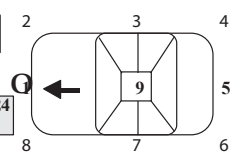
Insurance Company UNKNOWN Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N ☒ E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

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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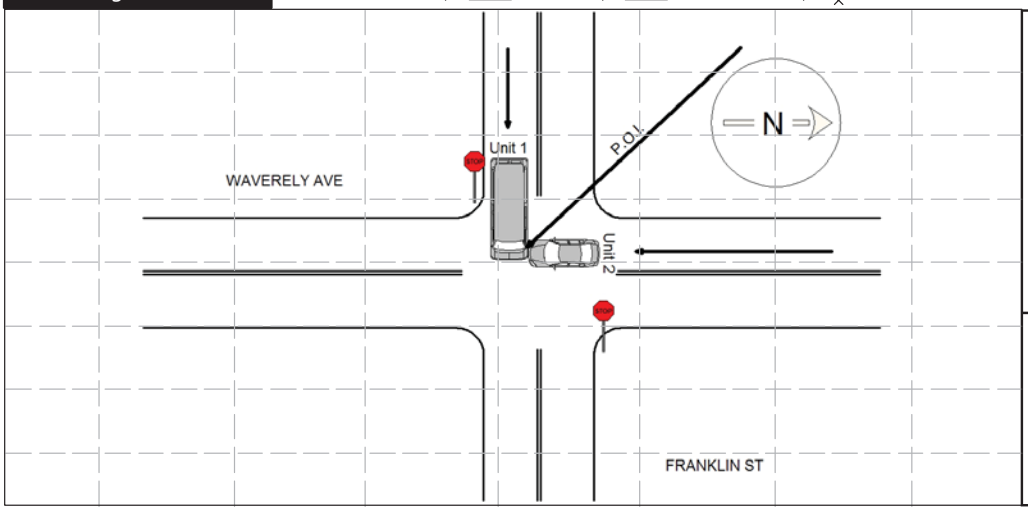
Please fill out for operator and all occupants involved

| 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 | 3 | 0 | 0 | 9 | 1 | NONE |
| JARAMILLO, LAIRD | 4885 HHR ROAD WILSON, WY 83014 | -- -- ---- | M | 3 | 1 | 1 | 4 | 0 | 0 | 9 | 1 | NONE |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## Crash Diagram:

→ Direction  1 = Vehicle 1  2 = Vehicle 2  Pedestrian

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:

The operator of MV#1 was traveling east bound on Franklin Street and came to a stop and the sign. She proceeded through the stop sign crossing Waverley Ave. when she was struck by MV#2. The operator of MV#2 was traveling south bound on Waverley ave when MV#1 pulled in front of her and was struck. MV#1 has drivers side front damage. MV#2 had major front end damage with air bag deployment. The operator of MV#1 was transported to NWH be the medics. Both vehicles were towed by Tody's Towing.

## 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]

| MATTHEW C TOCCI | | NEWTON POLICE DEPARTM | | | 01/21/2020 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

CDP1 11 -24-00