

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/25/2020	Time of Crash 19:44 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 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			WEST 1599 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 200000096			
License # --- St MA DOB/Age ---			Reg # 5JY559		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017		Veh Make SUBA		Veh Config. 2 20			
Operator CADDEN JERRY Last First Middle			Owner JP MORGAN CHASE BANK Last First Middle		Address PO 901098					
Address 79 WYMAN ST. (apt. D)			City FORT WORTH		State TX		Zip 76101			
Insurance Company IDS PROPERTY CASUA			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		Most Harmful Event 1 23		Driver Contributing Code 1 24 24			
Citation # (If Issued) _____			Underride/Override 25		Towed N		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			-----		--- --- 99 4 99 0 0 10 1					
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 7 #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 # 6LJW		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2014		Veh Make AUDI		Veh Config. 2 20			
Operator AKSU HASAN Last First Middle			Owner (Same as operator)		Last First Middle					
Address 38 RANSOM RD (apt. 4)			City _____		State _____		Zip _____			
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 5 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		Most Harmful Event 1 23		Driver Contributing Code 19 24 24			
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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			-----		--- --- 99 4 99 0 0 10 1					
SHORE, AMANDA, M			6480 CRYSTAL SPRINGS DR SAN JOSE, CA 95120		--- --- F 4 99 4 99 0 0 10 1					
MASSOIA, MARYSA			23 CARMEN AVE FEEDING HILLS, MA 01030		--- --- F 5 99 4 99 0 0 10 1					
URENA, BRIANNA, E			1451 READ ST SOMERSET, MA 02726		--- --- F 6 99 4 99 0 0 10 1					

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1 Route# Direction Name of Roadway/Street At			9 Route# Direction Address # Name of Roadway/Street												
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			10 Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number												
3 Route# Direction Name of Intersecting Roadway/Street			11 Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark												
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000096						
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			20									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. _____			20									
4 Operator _____ Last _____ First _____ Middle _____			12 Owner _____ Last _____ First _____ Middle _____												
Address _____			Address _____												
City _____ State _____ Zip _____			City _____ State _____ Zip _____												
Insurance Company _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)												
5 Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			2 3 4									
Citation # (If Issued) _____			Most Harmful Event 23			1 9 10 Undercarriage									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24			5 11 Totaled									
6 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____			8 7 6									
Please fill out for operator and all occupants involved										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		-----	---	---								
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License # --- St MA DOB/Age ---			Reg # 6LJW Reg Type PAN Reg State MA			20									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2014 Veh Make AUDI Veh Config. 2			20									
8 Operator AKSU HASAN Last First Middle			Owner _____ Last First Middle												
Address 38 RANSOM RD (apt. 4)			Address _____												
City BOSTON State MA Zip 02135			City _____ State _____ Zip _____												
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 5 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			2 3 4									
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Operator/Non-Motorist			See Above		-----	---	---								
DELAURENTIS, MARISSA, ANN			9 APPALOOSA TRI CENTEREACH, NY 11720		-----	F	7	99	4	99	0	0	10	1	
LEHTONEN, KERI			322 PINE HILL RD ONECO, CT 06373		-----	F	8	99	4	99	0	0	10	1	
SIPPIN, CAROLINE, EMMA			5 BLAIR DR CORAM, NY 11727		-----	F	9	99	4	99	0	0	10	1	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

N

V1

AREA OF IMPACT

AREA 1599 WASHINGTON ST

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 the above date/ time I was patrolling west on Washington St in the 1500 block area when I observed two vehicles in the right lane of the westbound travel lane of Washington St with their hazards activated. I activated my emergency lights and pulled behind the rear vehicle.

Both parties were outside their vehicles and explained they were in a crash.

The following is their statements.

Operator of V1 Mr. CADDEN stated he was traveling west in the left travel lane of Washington St when vehicle 2 turned into his travel lane without warning.

The operator of V2 Mr. AKSU stated he is driver for UBER and was traveling in the right lane of westbound lane of Washington St. He stated he activated his left turn signal to turn into the left lane. He stated he

(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

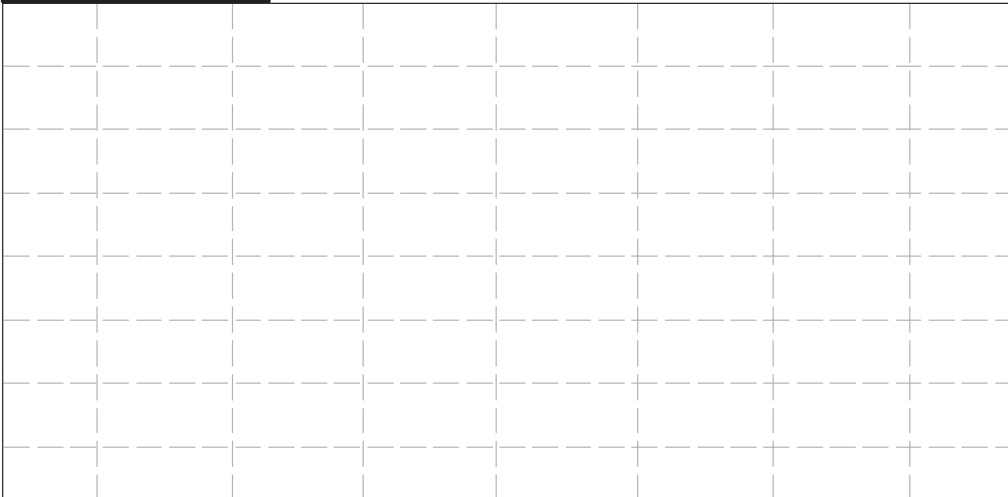
ROCCO D MARINI	13963	NEWTON POLICE DEPART	01/25/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 → Pedestrian



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:**

did not observe V1 until impact.

Passengers AMANDA SHORE, MARYSA MASSOIA, BRIANNA URENA, MARISSA DELAURENTIS, KERI LEHTONEN, CAROLINE SIPPIN

all stated the operator of V2 all of a sudden turned left into V1.

There were no reported injuries at this time, all parties advised if anything changes to see a doctor. All parties advised of the process.

The passengers contacted another ride share company that arrived and transported the passengers.

**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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

01/25/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date