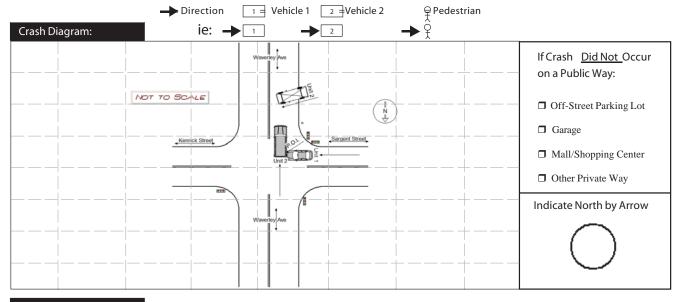
| | Poli | ice Use Only | | Commonwea | lth o | of Massa | achı | ısett | S | | RM | V Docu | ıment N | Number | |
|---------------------------|--|---|---------------------|--|---|---|---------|-----------------------------------|--------------------------|-------------------------------|------------------------------|-----------------------------|---------------------|----------------------------------|--|
| | Date of Crash 06/10/2020 | Time of Crash 16:11 | City/To NEWTON | MIOTOI | | icle Cra | sh | Numbe Vehicle | s Inju | red La | eed Lim | | State Loca MB | Police al Police FA Police | NA NA |
| | | 24HR | CECTION | | IICE I LOCA | Report | | 2 | 1 | | ngitude | | Othe | er: | _ |
| | | ALINIER | SECTION: | | LUCA | HON - | > | | N | JI A | INT | LKSL | CHC | JN: | 2 9 |
| 1 | EAST | | | | | | | | | | | | | | |
| 1 | Route# Direc | tion | | Roadway/Street At | | Route# Direction | on Ac | ddress # | | N | lame of I | Roadway | y/Street | | 2 10 |
| | SOU | TH WAVE | RLEY AVE | | | Feet [| N S E | W of | — — Mil | e Marke | • — | or | Exit | Number | |
| | Route# Direc | ction N | lame of Intersectin | g Roadway/Street | | Feet [| N S E | W of | | | | | - Line | 114111001 | _ |
| 2 | | | Also at filter | section with | | Feet [] | | | Rou | te# | Intersec | ting Ro | adway/S | Street | 11 |
| 2 2 | Route# Direc | tion | Name of Interse | cting Roadway/Street | I | | JE | UV 01 | | | Ιa | ndmark | | | _ 3 |
| 3 | Wobielo 1 | #Occupants | ☐ Hit/Run | Moped Case | | | | | | | Lu | ildilidi K | | | 7 |
| | Z venicie i | #Occupants | | _ r case | Number | | | 00000032 | | | | | | | 4 |
| | License# | 18 18 | St M | DOB/Age | | 1HDN15 | | | | | | | | MA 20 | |
| | Sex_F_ Lic. | Class | Lic. Restriction | CDL | | ear_2014 | | h Make_ | IYUND | AI | | _Veh C | onfig. | 1 | |
| ⁴ ₃ | Operator LYI | DEN Last | CORA First | A Middle | Owner | (Same as oper | rator) | | First | | | Middl | le | | 1 12 |
| لـتــا | Address 20 TA | | | | Addre | ss | | | | | | | | | |
| | City DORCH | ESTER | Sta | ate_MA Zip_02125 | City _ | | | | | | | | • | | |
| | Insurance Com | pany GEICO | | | Vehicle | e Action Prior to | | 1 | 21 | _ | ged Area | Code: (| • | Up to Three | 2) |
| 5 1 | Vehicle Travel | Direction: N | S X W Resp | oonding to Emergency? N | Event | Sequence 1 2 | 22 22 | | 22 | e | 3 | | 4 | | |
| | Citation # (If I | ssued) | | | Most I | Harmful Event | 1 23 | | (| • | 9 | $\left\{ \right\}$ | | Undercarria Totaled | ige |
| 6 | Violation | 1: ChSec | Violation | 2: ChSec | Driver | Contributing Co | | 99 24 | 24 | | <u>V</u> | \sum | 6 | | |
| ⁶ 1 | | | | 4: ChSec | Under | ride/Override | 25 | Tow | ed <u>1</u> | 0 | | | | | |
| | Please : Name (Last Fir | fill out for opera | ator and all occu | pants involved Address | | Age/DOB | Sex | 26 27 Seat Safet Pos. Syste | 28 Airbag n Status | 29 Airbag Eje Switch Co | 30 31 Ect Trap de Code | 32 Injury Tr Status C | ransp. | ledical Facility | $_{y}$ $\begin{bmatrix} 13 \\ 1 \end{bmatrix}$ |
| | Operator | | | See Above | | | | 1 | 1 | 1 0 | 0 | 10 | 1 | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | - |
| ⁷ 2 | Please Select C of the Followi | I A Venicle | 2 <u>1</u> #Occupan | ts Non-Motorist A Typ | pe 1 | Action 1 | I5 Loca | ation | 16 Co | ondition | 17 | П | lit/Run | Море | ed |
| | | | c. M | A DOD/A = ================================== | D# | 8DZB10 | | | D | т Р/ | AN | D | - C4-4- Î | MA | - |
| | License # St MA DOB/Age Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | | _ | eg # <u>8DZB10</u> Reg Type <u>PAN</u> eh Year 2016 Veh Make HONDA | | | | | | Reg State MA Veh Config. 20 | | | | |
| 8 | 1 | | Lic. Restriction | Endorsment ISRAEL | | MALAVE | ve | Nake_ | | | | _ ven C | oning. | 2 | |
| ⁸ 2 | | Operator VALDERRAMA JOSE Lindonsment ISRAEL Last First Middle Address 6234 HOMESTEAD BLVD | | | | Las | | | First | | | Middl | le | | |
| | Address 0254 HOWESTEAD BEV D City WESTBOROUGH State MA Zip 01581 | | | | | Address 12001 AMBASSADOR DRIVE City WESTBOROUGH State MA Zip 01581 | | | | | | | | | |
| | - 7 | | 50 | Zip <u>01301</u> | - | | | | 21 | Damas | | | - | Up to Three | e) |
| | Insurance Company GEICO | | | | | e Action Prior to | 22 22 | 2 22 | 22 | 2 | 3 | | 4 | - F | |
| | Vehicle Travel Direction: N X E W Responding to Emergency? N Responding to Emergency? N | | | | | Event Sequence 1 10 Undercarriage | | | | | | age | | | |
| | Citation # (If Issued) T2080466 | | | | | Most Harmful Event 1 5 11 Totaled 5 11 Totaled | | | | | | | | | |
| | Violation 1: Ch_90/23/F _{Sec} Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec | | | | Driver Contributing Code 99 8 7 6 | | | | | | | | | | |
| ١ | | | | occupants involved | Under | ride/Override | | Towe | | 29 3 | 30 31 Trap | 32 | 33 | | _ |
| | Name (Last Fi | irst Middle) | - Perator and an | Address | | Age/DOB | | Pos. Syst | m Status | Switch C | ode Code | Status In | Code N | Medical Facili | |
| | Operator/ | Non-Motorist | | See Above | | | | 1 | 3 | 1 0 | 0 | 8 2 | 2 BE | TH ISRAEL HOSP | ITAL, |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ŀ | | | | | | | | | | | | | | | |



Crash Narrative:

On 06/10/2020 at approximately 16:30 hours, Sgt. Lee (Unit 531) and I (Unit 523) responded to

Waverley Avenue and Sargent Street for a two car motor vehicle accident that involved one vehicle rolling

over and a possible head injury to that driver. The accident occurred at 16:11 hours on this date. Both

streets are public ways and maintained by the City of Newton.

On arrival, I observed a black Hyundai Elantra (MV1) bearing MA Reg.# 1DHN15 resting in the middle of the intersection facing eastbound on Sargent Street heading towards Kenrick Street. The vehicle had heavy front end damage. I then observed a gray Honda CRV (MV2) bearing MA Reg.# 8DZB10 rolled over resting on it's hood facing in a northeasterly direction in the southbound travel lane of Waverley Avenue just past the intersection. I observed the point of impact to be on the passenger side rear wheel area due to the

(Continued on next page)

| Witnesses: | | | | | | | | |
|---|------------------|----|---------------|--------------|----------------------|------------------------------|----|--|
| Name (Last, First, Middle) | Address | | Phone # | 1 | Statement | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Property Damage: | | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damag | cription of Damaged Property | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | le Section) | | | 35 | |
| Carrier Name | | | | | Carrier Issu | ing Authority Cod | | |
| Address | | (| City | | St | Zip | | |
| US DOT#:S | State Number | | Issuing State | ICC #: | | Interstate | 36 | |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | 38 | | | 39 | | | |
| Trailer Reg #: Reg Type Reg State Reg Year Trailer Length | | | | | | | | |
| Hazmat Information: | | | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Nat | me | | Material 4 d | ligit # | Release code | 42 | |
| | | | | | | | | |

| → | ▶ Direction 1 : | Vehicle 1 2 | Vehicle 2 | ₽Pedestr | ian | | |
|------------------------------------|------------------|---------------|-----------------|------------------|------------------|---|-----------|
| Crash Diagram: | ie: → 1 | 2 | → | Ŷ | | | |
| | | | | | | If Crash <u>Did Not</u> Oon a Public Way: | Occur |
| | | | | | | ☐ Off-Street Parking | g Lot |
| | | | | | | ☐ Garage | |
| | <u> </u> | | | | | ☐ Mall/Shopping Ce | enter |
| | | | | | - — — — | ☐ Other Private Way | , |
| | · — — — - | | | · — — | | Indicate North by A | rrow |
| | | | | | | \bigcirc | |
| Crash Narrative: | | | | | | | |
| damage which included a la | rge dent above | the tire well | l. Digital pho | otos wer | e taken of | the scene and | |
| intersection. | | | | | | | |
| At this point the operator | , Jose Valderra | ma (MA DL# S2 | 27590058), of I | MV2 was | already tra | nsported to Beth | h |
| Israel Hospital in Boston, | MA for a possi | ble head inju | ury. The opera | ator was | also not a | ware of what occ | curred |
| at the time by the respond: | ing officers. | It was also | determined by | the init | ial respond | ing officers (S | Sgt. |
| Rooney, Ofc. Pohlman & Ofc | . Anderson) tha | t Mr. Valder | rama driver's | license | was suspende | ed in Massachuse | etts |
| by NPD Dispatch. Next, I s | spoke to the op | erator of MV | l identified as | S Cora L | yden (ME DL | # 8625330). | |
| Lyden states that she was | traveling strai | ght ahead (El | B) on Sargent | Street a | ttempting to | o go straight | |
| through the intersection or | to Kenrick St | reet. She sa | ays as she app | roached | the interse | ction the signal | l light |
| (Continued or | n next page) | | | | | | |
| Witnesses: | | 1 | | | | | la |
| Name (Last, First, Middle) | | Address | | | Ph | one # | Statement |
| | | | | | | | |
| | | | | | | | |
| Property Damage: | | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of D | amaged Property | |
| | | | | | | | |
| | | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehic | ele Section) | | | |
| Carrier Name | | | | | Carrie | r Issuing Authority Cod | e 35 |
| Address | | | City | | St | Zip | |
| US DOT #: | State Number | | _ Issuing State | ICC #:_ | | Interstate | 36 |
| Cargo Body Type Code Gros | s Vehicle Weight | 38 | | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | niler Length | 39 | |
| Hazmat Information: | | | | | | | |
| Placard 40 Material 1 digit # | Material Na | nme | | Material 4 o | ligit # | Release code | 42 |
| JEREMY L WILSON | | 25227 | NEWTON | I POLICE DEPARTN | | 06/10/20 | 020 |
| Police Officer Name (Please Print) | Signature | | | artment | | Barracks Date | |

| - | Direction 1 | Vehicle 1 2 | Vehicle 2 | Pedestri | an | |
|-------------------------------|------------------|---------------|-----------------|--------------|--------------------------------------|-----------|
| Crash Diagram: | ie: 🕕 🛚 1 | 2 | → | ·Ŷ | | |
| | | | | | If Crash Did Not on a Public Way: | _Occur |
| | | | | | ☐ Off-Street Parki | ng Lot |
| | | | | | Garage | |
| į | į | į | | | ☐ Mall/Shopping | Center |
| | | | | + | Other Private W | ay |
| | | | | | Indicate North by | Arrow |
| | | | | | | |
| Crash Narrative: | | | | | | |
| changed to yellow and she p | roceeded throu | gh when she | suddenly saw M | V2 coming | g at her. She then jammed | on her |
| brakes and then made contact | t with the oth | er vehicle. | She says that | the other | r driver must have been s | peeding |
| and went through the red li | .ght. | | | | | |
| Next, Sgt. Lee and I respon | ded to Beth Is | rael Hospita | l for a follow | up on Mi | r. Valderrama. The hospi | tal staff |
| stated that there were no s | igns of a head | l injury and | that he was no | w coherer | nt. He sustained road ra | sh on his |
| left arm and shoulder area | due to the sea | tbelt and fro | ont air bag de | ployment | . We then spoke to him a | nd he |
| stated that he was traveling | ng straight ahe | ad (SB) on Wa | averley Avenue | at about | t 30 to 35 miles per hour | • |
| He says that his signal lig | nt was green w | hen he attem | pted to go thr | ough the | intersection and another | motor |
| vehicle made contact with h | im. After that | , he does no | t recall what | occurred | . I asked him if he saw | the other |
| (Continued or | next page) | | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | 1 | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Property | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: | Registration # | | (From Vehi | cle Section) | | 35 |
| Carrier Name | | | | | Carrier Issuing Authority C | |
| Address | | | City | | St Zip | |
| US DOT #: | State Number | | _ Issuing State | ICC #: | Interstate | 36 |
| Cargo Body Type Code 37 Gross | s Vehicle Weight | 38 | | | | |
| Trailer Reg #: | Reg Type | Reg State | Reg Year | Tra | iler Length 39 | |
| Hazmat Information: | | | | | | |
| Placard 40 Material 1 digit # | 41 Material Na | ame | | Material 4 d | ligit # Release code | 42 |

25227

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

06/10/2020

Date

Precinct/Barracks

JEREMY L WILSON

Police Officer Name (Please Print)

| | → Direction | 1 = Vehicle 1 | 2 =Vehicle 2 | ₽Pedestr | ian | |
|--|----------------------|---------------|----------------|---------------------|------------------------------|---------------------|
| Crash Diagram: | ie: →□ | 1 - | 2 | → ĝ | | |
| | | | | | If Crash <u>Di</u> | d Not_Occur Way: |
| | | <u> </u> | | | ☐ Off-Street | Parking Lot |
| | | | | | ☐ Garage | |
| | | | | | ☐ Mall/Shop | oping Center |
| | | - · | | | ☐ Other Priv | rate Way |
| | | - | | | Indicate Nor | th by Arrow |
| | | | | | | |
| Crash Narrative: | | | | | | |
| vehicle approaching and | he stated that l | ne did not se | e it. | | | |
| After at the station, I | followed up with | n Dispatch ar | nd they stated | that ther | e was two people that | called in to |
| report the accident that | they attempted | to call back | to see if th | ey witness | ed the event. They h | ad since not |
| returned their call. I | then called both | n numbers and | d both parties | stated th | at they were only not | ifying us and |
| did not observe the acci | dent occur. Due | to conflicti | ng statements | by both o | perators and no witne | sses on |
| scene, I am unable to de | termine fault fo | or the accide | ent. Mr. Vald | errama wil | l be issued MA Unifor | m Citation |
| #T2080466 for Ch. 90/S23 | /E Operating a N | Motor Vehicle | after Suspen | sion of Li | cense. | |
| Tody's towing responded | and towed both | vehicles. M/ | 'V inventories | completed | by me. | |
| | | | | | | |
| | | | | | | |
| Witnesses: | | | | | | |
| Name (Last, First, Middle) | | Address | | | Phone # | Statement |
| | | | | | | |
| | | | | | | |
| Property Damage: | | | | | | |
| Owner (Last, First, Middle) | Address | | Phone # | 34-Type | Description of Damaged Prope | erty |
| | | | | | | - |
| | | | | | | |
| | | | | | | |
| Truck and Bus Information: Carrier Name | | | | ehicle Section) | Carrier Issuing Autho | arity Code |
| | | | | | | Zip |
| US DOT#: | | | | | | 26 |
| 37 | Gross Vehicle Weight | 38 | Issuing State | ICC # | mersi | ate |
| | | | | | 39 | |
| Trailer Reg #: Hazmat Information: | Reg Type | Reg State _ | Reg Year | Tra | aller Length | |
| Placard 40 Material 1 dig | git # 41 Material | Name | | Material 4 o | ligit# Release | code 42 |
| | | | | | | |
| JEREMY L WILSON | | 252 | 27 | WTON POLICE DEPARTM | | 06/10/2020 |

ID/Badge #

Department

Precinct/Barracks

Date

Signature

Police Officer Name (Please Print)