



JEREMY L WILSON	25227	NEWTON POLICE DEPARTM	06/10/2020
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    →



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:**

damage which included a large dent above the tire well. Digital photos were taken of the scene and intersection.

At this point the operator, Jose Valderrama (MA DL# S27590058), of MV2 was already transported to Beth Israel Hospital in Boston, MA for a possible head injury. The operator was also not aware of what occurred at the time by the responding officers. It was also determined by the initial responding officers (Sgt. Rooney, Ofc. Pohlman & Ofc. Anderson) that Mr. Valderrama driver's license was suspended in Massachusetts by NPD Dispatch. Next, I spoke to the operator of MV1 identified as Cora Lyden (ME DL# 8625330). Lyden states that she was traveling straight ahead (EB) on Sargent Street attempting to go straight through the intersection on to Kenrick Street. She says as she approached the intersection the signal light

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**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

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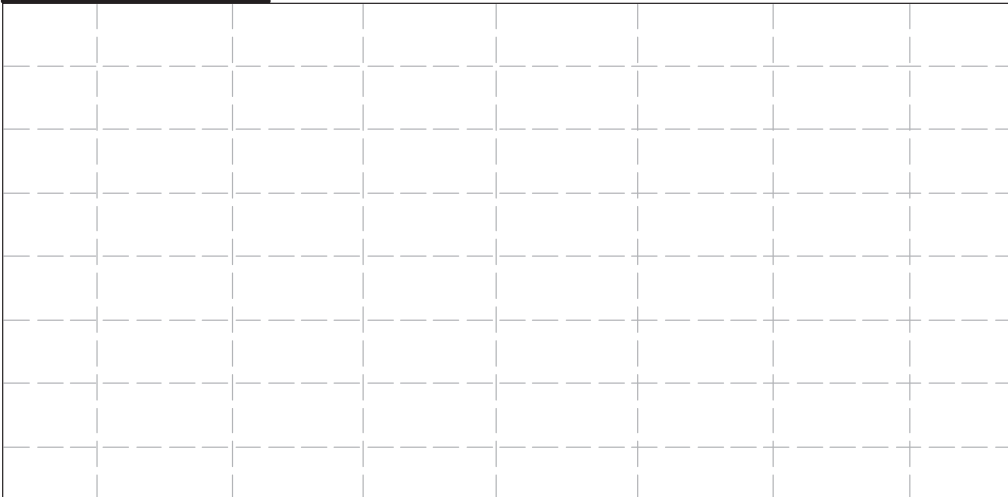
Precinct/Barracks

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#### Crash Narrative:

changed to yellow and she proceeded through when she suddenly saw MV2 coming at her. She then jammed on her brakes and then made contact with the other vehicle. She says that the other driver must have been speeding and went through the red light.

Next, Sgt. Lee and I responded to Beth Israel Hospital for a follow up on Mr. Valderrama. The hospital staff stated that there were no signs of a head injury and that he was now coherent. He sustained road rash on his left arm and shoulder area due to the seatbelt and front air bag deployment. We then spoke to him and he stated that he was traveling straight ahead (SB) on Waverley Avenue at about 30 to 35 miles per hour.

He says that his signal light was green when he attempted to go through the intersection and another motor vehicle made contact with him. After that, he does not recall what occurred. I asked him if he saw the other

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Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

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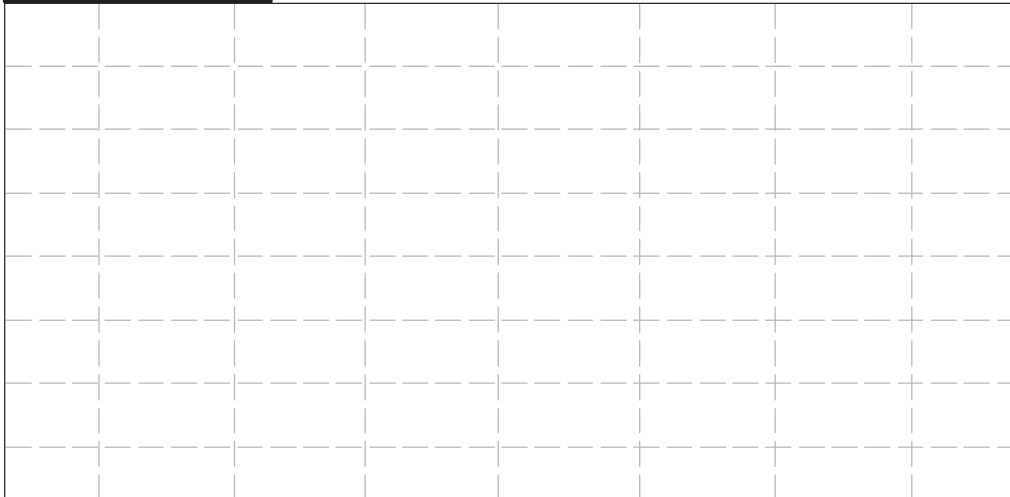
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#### Crash Narrative:

vehicle approaching and he stated that he did not see it.

After at the station, I followed up with Dispatch and they stated that there was two people that called in to report the accident that they attempted to call back to see if they witnessed the event. They had since not returned their call. I then called both numbers and both parties stated that they were only notifying us and did not observe the accident occur. Due to conflicting statements by both operators and no witnesses on scene, I am unable to determine fault for the accident. Mr. Valderrama will be issued MA Uniform Citation #T2080466 for Ch. 90/S23/E Operating a Motor Vehicle after Suspension of License.

Tody's towing responded and towed both vehicles. M/V inventories completed by me.

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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

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