

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/07/2020	Time of Crash 11:40 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 1	Speed Limit 5 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# Direction Name of Roadway/Street At			WEST 791 WALNUT ST Route# Direction Address # Name of Roadway/Street				2 9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street				11 6			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000582	
License # --- St MA DOB/Age ---			Reg # 673KK9 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions G 19 CDL _____			Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20	
Operator RICCI ANTONIO DOMENICO			Owner (Same as operator)			Address _____			1 12	
Address 9 GARDNER ST			Address _____			City _____ State MA Zip 02458				
Insurance Company ARBELLA			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 3 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 3 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 13 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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 4 0 0 10 1			13 3	
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 2 15 Location 4 16 Condition 1 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---			Reg # _____ Reg Type _____ Reg State _____			Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. 20	
Operator GOLDRING TOVA			Owner _____			Address _____				
Address 822 WALNUT ST			Address _____			City _____ State MA Zip 02459				
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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 --- 8 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    → Pedestrian

NOT TO SCALE

NEWTON CEMETERY CORP  
791 WALNUT STREET

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 Wednesday, October 7th 2020 while in N526 I responded to 791 Walnut Street the Newton Cemetery Corp for a motor vehicle accident involving a pedestrian. At the time of the accident the weather was sunny and the road surface was dry. The accident occurred inside the cemetery on the public way by the entrance.

Upon arrival I spoke with the pedestrian identified as Tova Goldring. Tova stated she was walking in the roadway when she was struck by MV1. Tova stated MV1 was turning left onto the road that leads to the exit and when she realized the operator was not stopping she put out both her hands and made contact with the hood of MV1. Tova stated the impact caused her to fall to the ground and roll into a grassy area next to the road. Tova had minor scrapes from the accident and signed a patient refusal.

The operator of MV1 identified as Antonio Domenico Ricci was on scene and his primary language was Italian. I

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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

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

