

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/09/2020	Time of Crash 13:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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			EAST 232 CALIFORNIA 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 3			
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000589	
License # --- St MA DOB/Age ---			Reg # 9HF857 Reg Type PAN Reg State MA			12 1				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make MERCEDES Veh Config. 1 20							
Operator ALVARADO ELIZABETH Last First Middle			Owner ALVARADO ADIEL Last First Middle							
Address 95 CENTRAL ST			Address 30 (apt. A) AMORY ST							
City WALTHAM State MA Zip 02453			City WALTHAM State MA Zip 02453							
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
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 N							
Please fill out for operator and all occupants involved									13 1	
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			-----			1 4 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 # 976-DW8 Reg Type PAN Reg State MA			20 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2004 Veh Make BMW Veh Config. 2 20							
Operator SPENCER JERRIE Last First Middle			Owner (Same as operator) Last First Middle							
Address 16 BACON ST (apt. 2)			Address _____							
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____							
Insurance Company USAA CASUALTY			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 4 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved									13 1	
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 4 99 0 0 10 1				

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

KoKo Bakery #232 California St

jasset st

California St

Unit 2

Unit 1

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 October 9th, 2020 at approximately 13:11 hours while assigned to N491 I responded to the area of California St near Jasset St for a report of a MV crash.

On my arrival I located both involved vehicles just east of the Koko Bakery, #232 California St.

Operator of vehicle #1, a black Mercedes, ma reg. 9hf857 stated she was going E/B on California St when vehicle #2 pulled out into traffic from in front of the Koko bakery, #232 California St causing the crash.

Operator #2 who was operating a 2004 grey BMW X3, ma reg. 976DW8, stated she was parked in front of #232 California St, Koko Bakery, was attempting to enter out into traffic E/B when she struck vehicle #1. Operator #2 admitted that she never looked back for oncoming traffic before pulling out from her parked position.

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

THOMAS J MCCARTHY NEWTON POLICE DEPT 10/10/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00