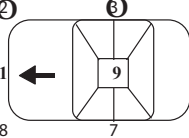
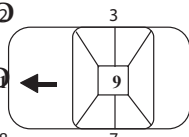


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts										RMV Document Number																																																									
Date of Crash 12/10/2020	Time of Crash 13:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 2	Number Injured 4	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																					
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:																																																									
<div><div><div><div><div>SOUTH</div><div>CHESTNUT ST</div></div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>ELLIOT ST</div></div><div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div></div><div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of Mile Marker or Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div></div>																		9																																																				
<div><div><input checked="" type="checkbox"/> Vehicle 1 3 #Occupants</div><div><input type="checkbox"/> Hit/Run</div><div><input type="checkbox"/> Moped</div><div>Case Number 2000000723</div></div>																		2																																																				
<div><div><div>License # --- St MA DOB/Age ---</div><div>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL</div><div>Operator DOMINGUEZ MARIA XIMENA</div><div>Address 15 NEHOIDEN ST</div><div>City NEEDHAM State MA Zip 02492</div><div>Insurance Company GOVERNMENT EMPLOYEES INSURANCE</div><div>Vehicle Travel Direction: N S E W Responding to Emergency? N</div><div>Citation # (If Issued)</div><div>Violation 1: Ch Sec Violation 2: Ch Sec</div><div>Violation 3: Ch Sec Violation 4: Ch Sec</div></div><div><div>Reg # 6LHY40 Reg Type PAN Reg State MA</div><div>Veh Year 2014 Veh Make SUBARU Veh Config. 2</div><div>Owner (Same as operator)</div><div>Address</div><div>City State Zip</div><div>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)</div><div>Event Sequence 1 22 22 22 22 2</div><div>Most Harmful Event 1 23</div><div>Driver Contributing Code 1 24 24</div><div>Underride/Override 25 Towed Y</div><div></div></div></div>																		12																																																				
<div><div>Please fill out for operator and all occupants involved</div><table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator</td><td>See Above</td><td>---</td><td>---</td><td>---</td><td>1</td><td>3</td><td>99</td><td>0</td><td>0</td><td>9</td><td>2</td><td>NEWTON-WELLESLEY H</td></tr><tr><td>FULFORD, GABRIEL</td><td>15 NEHOIDEN ST NEEDHAM, MA 02492</td><td>---</td><td>M</td><td>6</td><td>4</td><td>3</td><td>99</td><td>0</td><td>0</td><td>9</td><td>2</td><td>NEWTON-WELLESLEY H</td></tr><tr><td>FULFORD, BELEN</td><td>15 NEHOIDEN ST NEEDHAM, MA 02492</td><td>---</td><td>F</td><td>4</td><td>4</td><td>3</td><td>99</td><td>0</td><td>0</td><td>9</td><td>2</td><td>NEWTON-WELLESLEY H</td></tr></tbody></table></div>																		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	3	99	0	0	9	2	NEWTON-WELLESLEY H	FULFORD, GABRIEL	15 NEHOIDEN ST NEEDHAM, MA 02492	---	M	6	4	3	99	0	0	9	2	NEWTON-WELLESLEY H	FULFORD, BELEN	15 NEHOIDEN ST NEEDHAM, MA 02492	---	F	4	4	3	99	0	0	9	2	NEWTON-WELLESLEY H	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	---	---	---	1	3	99	0	0	9	2	NEWTON-WELLESLEY H																																																										
FULFORD, GABRIEL	15 NEHOIDEN ST NEEDHAM, MA 02492	---	M	6	4	3	99	0	0	9	2	NEWTON-WELLESLEY H																																																										
FULFORD, BELEN	15 NEHOIDEN ST NEEDHAM, MA 02492	---	F	4	4	3	99	0	0	9	2	NEWTON-WELLESLEY H																																																										
<div><div>Please Select One of the Following:</div><div><input checked="" type="checkbox"/> Vehicle 2 1 #Occupants</div><div><input type="checkbox"/> Non-Motorist A Type 14</div><div>Action 15</div><div>Location 16</div><div>Condition 17</div><div><input type="checkbox"/> Hit/Run</div><div><input type="checkbox"/> Moped</div></div>																		2																																																				
<div><div><div>License # --- St NH DOB/Age ---</div><div>Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL</div><div>Operator ELLIS FORREST</div><div>Address 314 BUNKER HILL ST (apt. A)</div><div>City CHARLESTOWN State MA Zip 02129</div><div>Insurance Company MET LIFE INS.</div><div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div><div>Citation # (If Issued) T2080850</div><div>Violation 1: Ch 89/9 Sec Violation 2: Ch Sec</div><div>Violation 3: Ch Sec Violation 4: Ch Sec</div></div><div><div>Reg # 3674101 Reg Type PAN Reg State NH</div><div>Veh Year 2017 Veh Make CHEVY Veh Config. 2</div><div>Owner SZALAJESKI PAUL JOSEPH</div><div>Address 574 NO PEMBROKE RD</div><div>City PEMBROKE State NH Zip 03275</div><div>Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)</div><div>Event Sequence 1 22 22 22 22 3</div><div>Most Harmful Event 1 23</div><div>Driver Contributing Code 20 24 24</div><div>Underride/Override 25 Towed Y</div><div></div></div></div>																		1																																																				
<div><div>Please fill out for operator and all occupants involved</div><table><thead><tr><th>Name (Last First Middle)</th><th>Address</th><th>Age/DOB</th><th>Sex</th><th>26 Seat Pos.</th><th>27 Safety System</th><th>28 Airbag Status</th><th>29 Airbag Switch</th><th>30 Eject Code</th><th>31 Trap Code</th><th>32 Injury Status</th><th>33 Transp. Code</th><th>Medical Facility</th></tr></thead><tbody><tr><td>Operator/Non-Motorist</td><td>See Above</td><td>---</td><td>---</td><td>---</td><td>1</td><td>2</td><td>99</td><td>0</td><td>0</td><td>9</td><td>1</td><td></td></tr></tbody></table></div>																		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	2	99	0	0	9	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	2	99	0	0	9	1																																																											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

ELLIOT ST

CHESTNUT ST

ELLIOT ST

CHESTNUT ST

NOT TO SCALE

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 12/10/20 at approximately 13:23 myself along with other Police, Fire and Ambulance units, responded to the intersection of Chestnut St. and Elliot St. for a two vehicle crash. Upon arrival I spoke with the operator of veh#1 who stated she was driving on Elliot St. due West when she proceeded through the intersection and was struck on her passenger side by veh #2. The operators 2 young children were in back of her vehicle in child seats. Her son was behind the passenger and her daughter was behind her. Both front and side airbags were deployed in veh #1. All three people in the vehicle were taken to Newton-Wellesley Hospital to be checked out as a precaution. The operator stated she had pain in her right wrist.

The operator of veh#2 stated he was traveling due South on Chestnut St. when he looked down as he approached the intersection. The operator stated he was prepared to take a right onto Elliot St. but when he looked up

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
NORRIS, JOHN,	6 FOREST GROVE AVE NORFOLK, MA 02056	-----	Y

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

ZACHARY S RAYMOND

NEWTON POLICE DEPT.

12/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

he had already entered the intersection and struck veh #1. The air bags went off in veh #2 as the operator had cuts on his left hand . He was checked out by the Medics and signed a patient refusal. The operator of veh #2 had left the scene after I initially spoke with him but while I was attending to the occupants of veh #1. Because of this I was unable to issue him a citation on scene. I mailed him Mass. Citation #T2080850 for Ch 89/ Sec 9 Failure to obey the Red Light.

Both vehicles sustained heavy damage and were both towed by Bobby and David from Tody's towing.

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

ZACHARY S RAYMOND

NEWTON POLICE DEPT

12/10/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date