

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/13/2021	Time of Crash 18:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	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:					
MANDALAY RD								9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet N S E W of _____ • _____ or _____							
WAVERLEY AVE			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11		
Also at Intersection with			Route# Intersecting Roadway/Street					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 210000020			
License # --- St MA DOB/Age ---			Reg # 541RV1		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2010		Veh Make NISS		Veh Config. 1 20			
Operator ZWICK LAUREN GRANT			Owner (Same as operator)					12		
Address 18 ISLAND HILL AVE (apt. 107)			Address _____							
City MELROSE State MA Zip 02176			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 23 24 24 25							
Citation # (If Issued) _____			Most Harmful Event 1 23							
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 Y							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33					13		
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								1		
Operator See Above			99 3 99 0 0 9 2 NEWTON WELLESLEY							
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 # 8YM854		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make TOYT		Veh Config. 1 20			
Operator PARRILLA AMY JELTIZA			Owner BONILLA JUAN MENDOZA							
Address 69 BELLE AVE			Address 42 GORDON ST 2ND FL							
City MEDFORD State MA Zip 02155			City FRAMINGHAM State MA Zip 01702							
Insurance Company PERMANENT GENERAL ASSURANCE CORP OF OI			Vehicle Action Prior to Crash 1 21							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 23 24 24 25							
Citation # (If Issued) T2015011			Most Harmful Event 1 23							
Violation 1: Ch 90/9/B Sec _____ Violation 2: Ch 89/9 Sec _____			Driver Contributing Code 3 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above			99 3 99 0 0 9 1 N/A							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

11 CLEMENTS RD

WAVERLEY AVE

MANDALAY RD

UVR 1

UVR 2

NOT TO SCALE

→ N

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 1/13/2021 at approx 1802hrs, while assigned to N494, I responded to the intersection of Mandalay Rd and Waverley Ave in Newton(both public ways). Upon arrival MV1 was resting on the sidewalk which damaged a brick wall(11 Clements Rd). Both vehicles involved had their airbags deployed.

Operator of MV1 stated she was traveling NB on Waverley Ave. She states she did not see MV2 at all before the crash. Zwick was transported to NWH for neck pain.

Operator of MV2 states she was traveling straight ahead and was attempting to cross Waverley Ave. She said she did not see the Stop sign on her side of the intersection. It should be noted that a backhoe was legally parked on Mandalay but would appear to have obstructed motorists from seeing the stop sign. Pictures were taken and submitted to IT.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
RUBIN, MICHAEL,	11 CLEMENTS RD NEWTON, MASSACHUSETTS 0	617-527-3809	97	BRICK WALL

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

KEVIN DURICKAS NEWTON POLICE DEPART 01/13/2021

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:

The owner of the brick wall that was damaged was notified.

It should be noted that MV2 had an expired registration. Parrilla, operator of MV2, was cited for stop sign violation and operating an expired vehicle.

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

KEVIN DURICKAS

NEWTON POLICE DEPART

01/13/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date