

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/19/2021	Time of Crash 07:40 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
EAST KENDALL RD Route# Direction Name of Roadway/Street At SOUTH PARKER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000028			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator PETTA ASHLEY Address 79 AUSTIN ST City HYDE PARK State MA Zip 02136 Insurance Company GEICO			Reg # 3GT952 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
Operator			See Above		Age/DOB --- Sex --- Seat Pos. 1 Safety System 1 Airbag Status 3 Airbag Switch 1 Eject Code 0 Trap Code 0 Injury Status 10 Transp. Code 1 Medical Facility		13 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 RI DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator BERGERON TIMOTHY Address 47 MILLERS BROOK DR City CUMBERLAND State RI Zip 02864 Insurance Company AMICA			Reg # 380212 Reg Type PAN Reg State RI Veh Year 2016 Veh Make NISSAN Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
Operator/Non-Motorist			See Above		Age/DOB --- Sex --- Seat Pos. 1 Safety System 1 Airbag Status 1 Airbag Switch 1 Eject Code 0 Trap Code 0 Injury Status 10 Transp. Code 1 Medical Facility		13 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Parker St

Kendall Rd

Unit 1

Unit 2

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:

Timothy Berger on was operating vehicle #2 S/B on parker St. Timothy states that vehicle #1 pulled out in front of him from a side street and he struck vehicle #1.

Ashley Petta was operating vehicle #1. Ashley states that she was following her cousin and pulled out onto Parker St from Kendall Rd where she was struck by vehicle #2.

Brian Berman is the cousin of Ashley Petta. Brian states that Ashley was following him. Brian state s that when he pulled out onto Parker St. he saw vehicle #2 Speeding towards Kendall Rd on Parker St. No injures both vehicles towed.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GAIOCH, CAREY,	161 (apt 202) S HUNTINGTON AVE BOSTON,MA 02130	-----	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

STEPHEN T COTTENS

NEWTON POLICE DEPART

01/19/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date