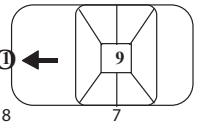
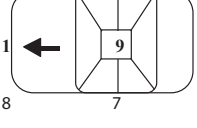


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 02/08/2021	Time of Crash 05:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:										
EAST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WASHINGTON ST														
SOUTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			CRAFTS ST														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____														
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000092								
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>8CLD20</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2016</u> Veh Make <u>CEHV</u> Veh Config. <u>2</u>			Sex <u>M</u> Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____								
Operator <u>DELICATA</u> <u>DENNIS</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle			Address _____			City _____ State _____ Zip _____								
Address <u>15 BONITA CIRCLE</u>			Address _____			City _____ State _____ Zip _____			Insurance Company <u>GEICO</u>								
Vehicle Travel Direction: <u>N</u> <input checked="" type="checkbox"/> <u>E</u> <u>W</u> Responding to Emergency? <u>N</u>			Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) _____								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>3</u> <u>23</u>						Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>			10 Undercarriage			11 Totaled								
Please fill out for operator and all occupants involved										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	4	4	0	0	10	1	NA
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>14</u> Action <u>2</u> <u>15</u> Location <u>2</u> <u>16</u> Condition <u>1</u> <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			Veh Year _____ Veh Make _____ Veh Config. <u>20</u>			Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____								
Operator <u>CORREIA</u> <u>JAMIE</u> Last First Middle			Owner _____ Last First Middle			Address _____			City _____ State _____ Zip _____								
Address <u>93 DAKOTA ST</u>			Address _____			City _____ State _____ Zip _____			Insurance Company _____								
Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) _____								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event <u>23</u>						Driver Contributing Code <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed _____			10 Undercarriage			11 Totaled								
Please fill out for operator and all occupants involved										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/Non-Motorist			See Above			-----		---	---						8	2	NWH

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Washington st

crafts 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 2/8/21 I was working N491 when I responded to an MVA PED on Washington St. at Crafts St.. Upon arrival I spoke with Dennis Delicata who stated that he was traveling southbound on Crafts St. when he turned left onto Washington St. during a green light a pedestrian later identified as Jamie Correia ran out in front of his truck and he struck him. Delicata stated the Jamie was traveling in the travel lane of Washington St. going Eastbound across the intersection not in the crosswalk and he did not see him in time. Delicata stated he slammed on his brakes however could not stop in time. Delicata stated he got out of his truck and rendered aid to Correia who was complaining of pain in his back and shoulder. Delicata stated that Correia said to him "I thought I could make it".

I spoke with Jamie Correia who was being evaluated by the medics. Correia said he was running across the

(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

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

→ 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:

intersection headed Eastbound and thought he could make it across. Medics transported Correia to NWH.
Delicata's vehicle suffered minor damage and was driven away from the scene. Pictures were taken and
submitted to IT.

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

BRIAN F CONLEY

NEWTON POLICE DEPART

02/08/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date