

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/10/2021		Time of Crash 17:37 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:						9		
CRAFTS ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
WALTHAM ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11		
Route# Direction Name of Intersecting Roadway/Street						Landmark						4		
99				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000103				
License # --- St MA DOB/Age ---				Reg # 4FR137		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017		Veh Make SUBARU		Veh Config. 1 20						
Operator GREEN CRISTOFER				Owner GARBER OLGA									12	
Address 239 W PLAIN ST				Address 239 W PLAIN ST										
City WAYLAND State MA Zip 01778				City WAYLAND State MA Zip 01778										
Insurance Company ALLSTATE				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 97 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 99 24		8 7 6		5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
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							1	
Operator See Above				-----		--- --- 99 4 99 0 0 10 1								
7 4				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 # 42X230		Reg Type PAN		Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013		Veh Make CHEV		Veh Config. 1 20						
Operator BURKE ROCHELLE				Owner (Same as operator)										
Address 145 LEXINGTON ST (apt. 17)				Address _____										
City NEWTON State MA Zip 02466				City _____ State _____ Zip _____										
Insurance Company GEICO				Vehicle Action Prior to Crash 99 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 97 22 22 22		2 3 4								
Citation # (If Issued) T2013024				Most Harmful Event 1 23		1 9		10 Undercarriage						
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 90/23/T Sec _____				Driver Contributing Code 99 24 24		8 7 6		5 11 Totaled						
Violation 3: Ch 90/23/T Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N										
Please fill out for operator and all occupants involved														
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				-----		--- --- 99 4 99 0 0 10 1								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Waltham St

Crafts St

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:**

Operator #1 states that he was waiting for the light to turn green in the left turn only lane located at Crafts St at Waltham St, when he was sideswiped on the rear driver's side by vehicle #2. Operator #1 had no idea where vehicle #2 approached from and states he was extremely alarmed at the driving manner of operator #2. It should be noted that the only feasible way for a same direction sideswipe to have occurred on vehicle #1's driver's side while in the left turn only lane, is if vehicle #2 was driving in the lane of oncoming traffic.

Operator #1 states the vehicle did not stop after the crash and took a left turn onto Waltham St. Operator #1 followed the vehicle, beeping his horn repeatedly until the two vehicles came to a stop on Pleasant St near Waltham St. Operator #1 states that he and operator #2, described as a black female in her 30's, then exited

(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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

02/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

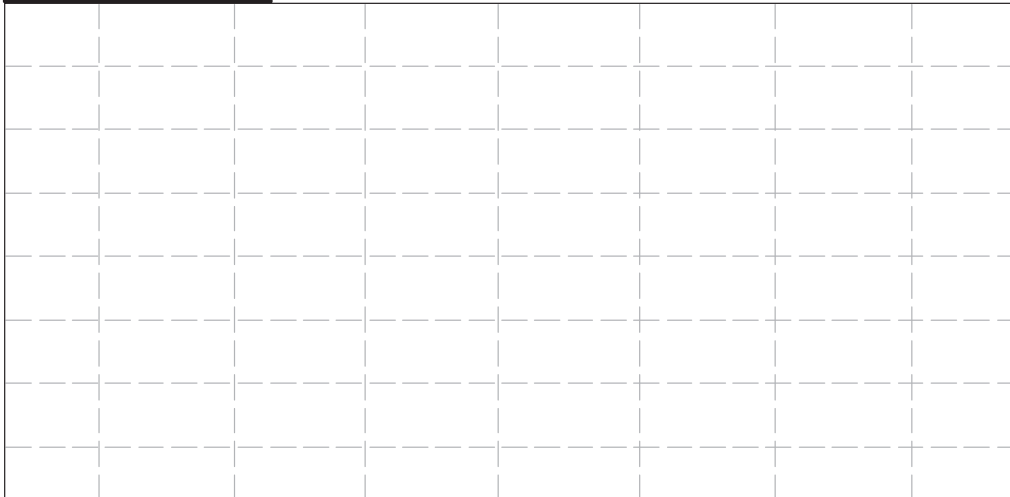
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



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:

their respective vehicles briefly before operator #2 got back into her car and drove away again. When I asked if there was any verbal exchange between the two, operator #1 states that operator #2 was acting erratic and stated something inaudible before leaving the scene again.

Operator #1 was able to get a picture of vehicle #2's license plate, MA reg 42X230. The plate comes back suspended to a Rochelle Burke out of 145 Lexington St apt 17 in Auburndale. Burke has a suspended license also and a lengthy driver history. I responded to 145 Lexington St and located the vehicle in question parked behind the building. It was parked at an approximate 45 degree angle in a parking space, had damage to the front bumper, and the hood of the vehicle was warm to the touch. I eventually was able to speak to owner Rochelle Burke. She denied driving the vehicle but acknowledged that a crash did occur. When asked why she

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#### 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

KELEIGH N DONAHUE

NEWTON POLICE DEPT

02/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

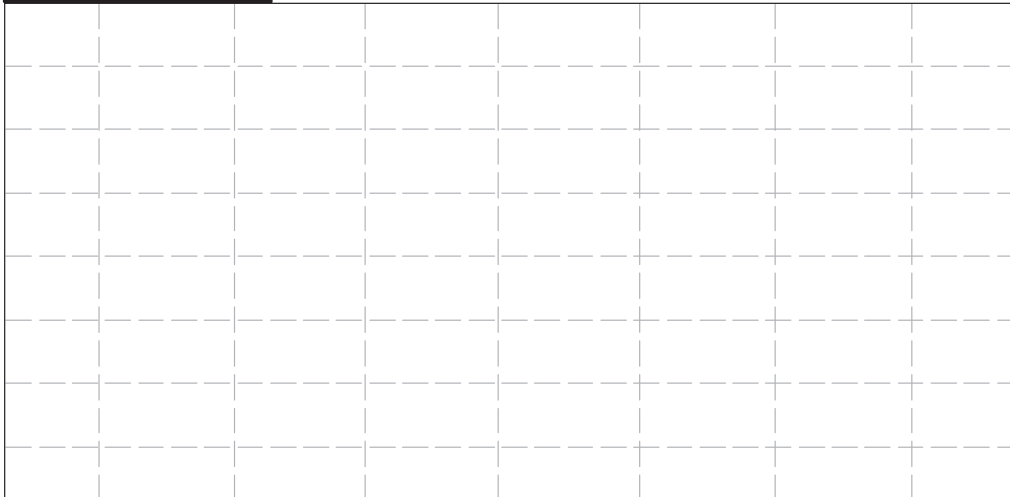
Precinct/Barracks

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:

left the scene of the crash without exchanging information, Burke stated "I don't know". I inquired as to who was driving the vehicle and she stated "my boyfriend". Burke's version of events was that her vehicle was the one in the left turn only lane, and that vehicle #1 crashed into her while trying to merge into the left turn lane.

After speaking again to operator #1, he stated with "100 percent certainty" that the driver of vehicle #2 was a black female in her 30's. He added that there looked to be a male passenger in the front right side.

Given the provided statements and the actions of operator #2, I will be mailing Rochelle Burke MA citation T2013024 for the following:

90/24(2) - Leaving the Scene of Property Damage

(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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

02/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

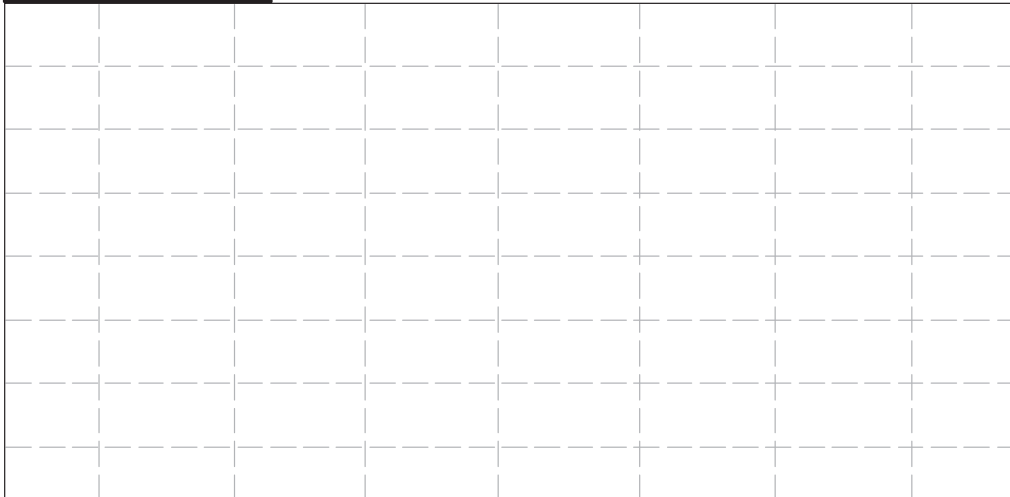
Precinct/Barracks

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:

90/23 - Operating After a Suspended License

90/23 - Operating After a Suspended Registration

Pictures were taken of vehicle #2 and submitted to the IT Bureau to be attached to this report. No medical attention was requested by any involved parties.

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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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

02/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date