

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/26/2021	Time of Crash 18:06 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>		<b>NOT AT INTERSECTION:</b>					
<b>NORTH WALNUT ST</b>										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____							
<b>WEST WATERTOWN ST</b>										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ 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 2100000208			
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>37WG45</u> Reg Type <u>PAN</u> Reg State <u>MA</u>							
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>I</u> <u>19</u> CDL _____			Veh Year <u>2012</u> Veh Make <u>MAZD</u> Veh Config. <u>1</u> <u>20</u>							
Operator <u>SICURANZA ROBERTO ANDRE</u>			Owner <u>(Same as operator)</u>							
Address <u>71 W PINE ST</u>			Address _____							
City <u>AUBURNDALE</u> State <u>MA</u> Zip <u>02466</u>			City _____ State _____ Zip _____							
Insurance Company <u>METROPOLITAN PROP</u>			Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>99</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle) _____ Address _____			Age/DOB _____ Sex _____							
Operator _____ See Above			26 Seat Pos. <u>99</u> 27 Safety System <u>4</u> 28 Airbag Status <u>99</u> 29 Airbag Switch <u>0</u> 30 Eject Code <u>0</u> 31 Trap Code <u>10</u> 32 Injury Status <u>1</u> 33 Transp. Code _____							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>4127CV</u> Reg Type <u>PAN</u> Reg State <u>MA</u>							
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year <u>2013</u> Veh Make <u>TOYT</u> Veh Config. <u>1</u> <u>20</u>							
Operator <u>COLELLA-YANTOSC LUCIA</u>			Owner <u>(Same as operator)</u>							
Address <u>28 CUBA ST</u>			Address _____							
City <u>WATERTOWN</u> State <u>MA</u> Zip <u>02472</u>			City _____ State _____ Zip _____							
Insurance Company <u>LIBERTY MUTUAL INS</u>			Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>							
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>4</u> <u>24</u> <u>19</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle) _____ Address _____			Age/DOB _____ Sex _____							
Operator/Non-Motorist _____ See Above			26 Seat Pos. <u>99</u> 27 Safety System <u>4</u> 28 Airbag Status <u>99</u> 29 Airbag Switch <u>0</u> 30 Eject Code <u>0</u> 31 Trap Code <u>10</u> 32 Injury Status <u>1</u> 33 Transp. Code _____							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WALNUT ST.

WATERTOWN ST.

NOT TO SCALE

MV#1

MV#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:**

MV#1 Was traveling Westbound on Watertown St attempting to make a right turn onto Walnut St when he was struck by MV#2 in the intersection.

OPMV#1 Stated he was making a right turn and the other vehicle was making a left turn at the same time he was when they collided.

MV#2 Was traveling Eastbound on Watertown St attempting to make a left turn onto Walnut St when she was struck by MV#1 in the intersection.

OPMV#2 Stated she was making a left turn onto Walnut St when she collided with the other 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

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

**REID LARSON**      **NEWTON POLICE DEPARTM**      **03/26/2021**

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 24:00