Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
03/29/2021	13:12 24HR	NEWTON

Number Vehicles	Number Injured	Speed Limit **30**
2	3	Latitude _____ Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Other: _____

| AT INTERSECTION: | < LOCATION > | NOT AT INTERSECTION: |

2 9

BOYLSTON ST

Route# ___ Direction ___ Name of Roadway/Street

At

CHESTNUT ST

Route# ___ Direction ___ Name of Intersecting Roadway/Street

Also at Intersection with

Route# ___ Direction ___ Name of Intersecting Roadway/Street

1 1 / **2** 1

2 10
Route# ___ Direction ___ Address # ___ Name of Roadway/Street
_____ Feet N S E W of ___ . ___ or ___ Mile Marker / Exit Number

_____ Feet N S E W of
_____ Feet N S E W of Route# ___ Intersecting Roadway/Street

3 11
Landmark

3
☒ Vehicle 1 _2_ #Occupants   ☐ Hit/Run   ☐ Moped   Case Number **2100000213**

4 2

License # --- St **MA** DOB/Age -- ----
Sex **F** Lic. Class **D** [18] [18] Lic. Restrictions **P** [19] CDL Endorsment
Operator **BRAZIER** **ANGELA** (Last / First / Middle)
Address **44 ACADEMY CT**
City **BOSTON** State **MA** Zip **02199**
Insurance Company **ARBELLA MUTUAL INSURANCE**

5 1
Vehicle Travel Direction: N S ☒X W   Responding to Emergency? **N**
Citation # (If Issued) _____

6 1
Violation 1: Ch___ Sec___ Violation 2: Ch___ Sec___
Violation 3: Ch___ Sec___ Violation 4: Ch___ Sec___

Reg # **8VW861** Reg Type **PAN** Reg State **MA**
Veh Year **1998** Veh Make **TOYOTA** Veh Config. **1** [20]
Owner **WALDEN** **CHRISTOPHER** (Last / First / Middle)
Address **35 GROVE ST**
City **NEWTON** State **MA** Zip **01760**

Vehicle Action Prior to Crash **1** [21]
Event Sequence **1** [22] **22** **22** **22**
Most Harmful Event **1** [23]
Driver Contributing Code **1** [24] **24**
Underride/Override [25]   Towed **Y**

1 12

Damaged Area Code: (Circle Up to Three)
2   ③   4
1 ← 9   5 10 Undercarriage 11 Totaled
8   7   6

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 — See Above	--------	---	1	4	99	0	0	9	2	NWH
WALDEN, CHRISTOPHER — 35 GROVE ST NEWTON, MA 01760	-- -- ----	M	3	1	4	99	0	0	9	2	NWH

1 13

7 2

Please Select One of the Following: ☒ Vehicle 2 _1_ #Occupants   ☐ Non-Motorist A Type [14] Action [15] Location [16] Condition [17]   ☐ Hit/Run   ☐ Moped

8 1

License # --- St **MA** DOB/Age -- ----
Sex **F** Lic. Class **D** [18] [18] Lic. Restrictions **C** [19] CDL Endorsement
Operator **GIUDITTA** **GRACE** (Last / First / Middle)
Address **28 AUSTIN STREET (apt. 204)**
City **NEWTON** State **MA** Zip **02460**
Insurance Company **COMMERCE INSURANCE**
Vehicle Travel Direction: ☒X S E W   Responding to Emergency? **N**
Citation # (If Issued) **949218AA**
Violation 1: Ch **89/9** Sec___ Violation 2: Ch___ Sec___
Violation 3: Ch___ Sec___ Violation 4: Ch___ Sec___

Reg # **7HG793** Reg Type **PAN** Reg State **MA**
Veh Year **2018** Veh Make **TOYOTA** Veh Config. **1** [20]
Owner **(Same as operator)** (Last / First / Middle)
Address _____
City _____ State ___ Zip ___

Vehicle Action Prior to Crash **1** [21]
Event Sequence **1** [22] **22** **22** **22**
Most Harmful Event **1** [23]
Driver Contributing Code **4** [24] **24**
Underride/Override [25]   Towed **Y**

Damaged Area Code: (Circle Up to Three)
2   3   4
G ← 9   5 10 Undercarriage 11 Totaled
8   7   6

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	--------	---	1	4	4	0	0	9	2	NWH

Crash Diagram:

Direction → | 1 Vehicle 1 | 2 Vehicle 2 | Pedestrian

ie: → 1   → 2   → (pedestrian)

If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow

NOT TO SCALE

Crash Narrative:

Operator of MV1 (ma reg 8VW861) Stated she was heading EB on Boylston when she stopped at the

intersection of Boylston St and Chestnut St. Operator of MV1 stated she observed a vehicle stopped at

Chestnut and waited till the vehicle went throught the intersection before proceeding. Operator of MV1

continued EB on Boylston when her vehicle was struck on the front passenger side door by MV2. Operator of MV1

stated she was about 3/4 throught the intersection when the vehicle struck her car.

Operator of MV2 ma reg (7HG793) stated she was driving NB on Chestnut Street when she stopped at the

intersection of Boylston. Operator of MV2 thought it was safe to continue NB on Chestnut Street and did not

observe MV1 coming from Boylston St.

The passenger in MV1 stated while sitting in the front passenger seat he observed MV2 fail to stop at the

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
RODRIGUEZ , CHRISTIAN,	289 (apt 4) NORTH AVE ABINGTON,MA 02351	------	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 | 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 |

MARK D HAGOPIAN   NEWTON POLICE DEPARTMENT   03/29/2021

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

CDP1 11 ·24·00

Crash Diagram:

Direction ➡ **Vehicle 1** [1]= **Vehicle 2** [2]= **Pedestrian** ⚲

ie: ➡ [1]   ➡ [2]   ➡ ⚲

Crash Narrative:

stop sign and hit MV1.

All three parties involved in the accident were all complaining about injuries. Medic 4, Medic 5 and Engine

7 arrived on scene to assist. All three parties were transported to NWH with non-fatal injuries. Tody's was

also called to the scene to tow both vehicles.

The owner of MV1 who was the passenger was cited (MA Citation 949189AA) 90/34J uninsured motor vehicle

and 90/9/B unregistered motor vehicle. The owner of MV2 was cited (MA Citation 949218AA) 89/9 failure

to stop at stop sign. Both citations were mailed out. All parties were informed of the citations being issued

and mailed out.

I have also added an incident report#21013647 due to the charges against the owner of MV1. All other

(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 [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]

MARK D HAGOPIAN   NEWTON POLICE DEPARTM   **03/29/2021**

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

CDP1 11 ·24·00

Crash Diagram:

Direction ➡   1 ⇌ Vehicle 1   2 ⇌ Vehicle 2   Pedestrian

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:

information will be included in that report.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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]

MARK D HAGOPIAN   NEWTON POLICE DEPARTM   **03/29/2021**

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

CDP1 11 ·24·00