

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/04/2021	Time of Crash 06:13 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 35 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 CABOT ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
NORTH CENTRE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000231	
License # --- St MA DOB/Age ---			Reg # 9AP884			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2021			Veh Make FORD			Veh Config. 2 20	
Operator DRISCOLL KEVIN Last First Middle			Owner CAB EAST LLC Last First Middle			Address 2975 BRECKINRIDGE BLVD			City DULUTH State GA Zip 30096	
Address 137 LASELL ST			City WEST ROXBURY State MA Zip 02132			Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 2 21	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 97 22 22 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y			Diagram			6	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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 3 4 0 0 8 2			NEWTON WELLESLEY H	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 2DWS79			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2021			Veh Make JEEP			Veh Config. 2 20	
Operator WALKER LIVINGSTON Last First Middle			Owner EAN HOLDINGS LLC Last First Middle			Address 14002 E 21ST ST			City TULSA State OK Zip 74134	
Address 673 MASSACHUSETTS AVE (apt. 4)			City BOSTON State MA Zip 02118			Insurance Company SAFECO INSURANCE COMPANY OF AMERICA			Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 20 22 35 22			Damaged Area Code: (Circle Up to Three)			10 Undercarriage	
Citation # (If Issued) T2014949			Most Harmful Event 1 23			Driver Contributing Code 9 24 24			5 11 Totaled	
Violation 1: Ch 90/24/A Sec _____ Violation 2: Ch 90/24/C Sec _____			Underride/Override 25 Towed Y			Diagram			6	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			1 3 4 0 0 10 1				
WASHINGTON, KARON			30 HANSFORD PL BOSTON, MA 02119			M 3 1 3 4 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Centre Street

Unit 1

Unit 2

P.O.I.

709 Centre Street

Cabot Street

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 of MV1 stated he was stopped at the red light at Centre Street and Cabot Street facing southbound. MV2 was traveling Northbound, crossed into southbound lane of traffic and struck his vehicle, head on. After the collision MV1 spun out and rested in the southbound lane at Centre Street and Converse Ave. The operator of MV1 was transported to NWH for evaluation.

After locating the operator who had walked away from the accident, the operator of MV2 stated he was traveling Northbound on Centre Street and struck MV1. After striking MV1, MV2 continued traveling and struck a stone wall, located at 709 Centre Street. Operator of MV2 stated he may have fallen asleep and would not go further into the how the accident occurred or what lead up to it. The operator and passenger both refused to see the medics, stating they were okay. I advised them multiple times it be best to be evaluated and they

(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
FORD, JOHN,	709 CENTRE ST NEWTON, MASSACHUSETTS 0		97	STONE WALL

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:

stated no. The operator of MV2 is also going to be charged with M.G.L. 90/24/A leaving the scene of personal injury and M.G.L. 90/24/C leaving the scene of property damage.

MV1 and MV 2 sustained major damage to the front of the vehicles. Todys was notified and both vehicles were towed.

Photos were taken of the property damage and submitted to IT to be added to the 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

SEAN STAKE

NEWTON POLICE DEPART

04/04/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date