


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 05/06/2021		Time of Crash 10:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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		
EAST BEACON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ NORTH HAMMOND POND PKWY Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10	
1 1				2 1								11	6	
3				3								12	3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000315						13
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator DUART DELIA A Address 15 CLASS ST (apt. 12) City W ROXBURY State MA Zip 02132 Insurance Company COMMERCE				Reg # 777DD4 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Citation # (If Issued) 992938AA Violation 1: Ch 89/11 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								1	12	
5 1				6 1								13	3	
Please fill out for operator and all occupants involved				Please fill out for operator and all occupants involved								13	3	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above ----- --- --- 99 4 4 0 0 10 1								13	3	
7 2				8 1								13	3	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 2 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				License # _____ St _____ DOB/Age _____ Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator MCGAHAN ERINN Address 40 MOHAWK DR City RAMSAY State NJ Zip 07446 Insurance Company _____ Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	3	
8 1				8 1								13	3	
Please fill out for operator and all occupants involved				Please fill out for operator and all occupants involved								13	3	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above ----- --- --- 8 2 NWH								13	3	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

her to fall on top of the hood of the vehicle and roll off onto the street. Erinn stated she had minor injuries and was transported by Fallon to Newton Wellesley Hospital.

I spoke with the operator of the vehicle, identified as Delia Duarte. Delia stated she was stopped at the stop sign on Hammond Pond Parkway and did not see the pedestrian entering the crosswalk. Delia stated she started to turn right onto Beacon Street and struck the pedestrian causing her to roll off the hood of her car and land on the street. Delia reported no injuries and signed a patient refusal. Delia reported no damage to her vehicle and was able to leave the scene.

Mass Uniform Citation #992938AA was issued and mailed to Delia Duarte for Chapter 89 Section 11 Crosswalk Violation.

(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

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of graph paper with a grid pattern. The grid consists of light gray dashed lines forming squares. There are 10 columns and 8 rows of squares. A solid black border runs along the top and left edges of the page.

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:

[illegible]

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

Gross Vehicle Weight

Cargo Body Type Code	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placar

Material 1 digit #

41	Material Name
----	---------------

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

Release code

42

ANDREA M FERGUSON

NEWTON POLICE DEPARTMENT

05/06/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____