

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/30/2021	Time of Crash 16:39 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:				
WEST WASHINGTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ CHERRY ST 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 _____								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000570		
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LIMA DA ROCHE SUIANY Address 769 WASHINGTON (apt. 2) City HOLLISTON State MA Zip 01746 Insurance Company THE COMMERCE INSURANCE COMPANY Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 1ZVR13 Reg Type PAN Reg State MA Veh Year 2015 Veh Make HYUNDAI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y 6								
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 4 99 0 0 10 1								
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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator UNKNOWN UNKNOWN Address UNK City _____ State _____ Zip _____ Insurance Company ACE AMERICAN Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # V71107 Reg Type CON Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 10 24 24 5 11 Totaled Underride/Override 25 Towed N 6								
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Elm St

Cherry St

Washington St (Westbound)

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 that they were at the red light at Washington and Cherry St heading westbound. MV1 was in the left lane, and MV2 was on the right turn only lane. MV2 continued straight on Washington St instead of taking the right turn. MV2 merged onto MV1's lane. At the following light Washington St at Elm St the light turned green and the Operator of MV2 sped up and cut off MV1. The operator of MV1 stated she had to hit her brakes at attempt to avoid being hit. MV2 ended up striking the front passenger side of MV1. MV2 continued on Washington St then merging onto Mass Pike heading Eastbound. MV1 followed MV2 and was able to get MA Reg V71107 Safelite Van. MV2 failed to stop after MV1 attempted to flag the operator down. MV1 had moderate damage to the passenger door, bumper, grill, and hood. Operator of MV1 stated she was not injured and was requesting a private tow.

(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

Crash Narrative:

Traffic Bureau update (Officer Gaudet): On Monday, August 2, 2021, I spoke with staff at the Newton Safelite location to try and obtain information on the operator of MV2. Staff from the Newton location stated the vehicle involved was actually out of their Framingham location and I was provided with contact information for their District Manager Mr. Brian Nickerson. Mr. Nickerson was said to be privy to the crash and was investigating it. I attempted to contact Mr. Nickerson with a negative result. I left a message for him to contact me regarding the incident. To be further investigated.

On Monday, August 2, 2021, I spoke with Mr. Brian Nickerson who stated he was going to contact his fleet manager and try to get more information on the vehicle. Charges are still pending.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ELMER ACUNA			NEWTON POLICE DEPT.		07/30/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					