Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
07/30/2021	17:09 24HR	NEWTON	2	0	30	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1 — 16 EAST WASHINGTON ST
Route# Direction Name of Roadway/Street

At

128 NORTH RT 128 SOUTH OFF RAMP
Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — 2 9

Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number — 2 10

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

Feet N S E W of Landmark — 4 11

3 — ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000571

License # --- St MA DOB/Age -- -- ---- Reg # EV7906 Reg Type PAS Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2018 Veh Make CHEVY Veh Config. 1 20

4 3 — Operator FOLEY DILLON (Last First Middle) Owner CALKINS ELIZA (Last First Middle) — 1 12

Address 18 CROSS ST (apt. 3) Address 18 (apt. 3) CROSS ST

City WALTHAM State MA Zip 02453 City WALTHAM State MA Zip 02453

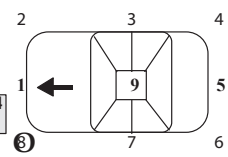
Insurance Company GEICO Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)

5 1 — Vehicle Travel Direction: ☒ S E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24

6 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved — 1 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	4	0	0	10	1	NONE

7 6 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☒ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # 6NHK80 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2010 Veh Make TOYOTA Veh Config. 2 20

8 4 — Operator MARSAN ROSE (Last First Middle) Owner (Same as operator) (Last First Middle)

Address 17 SPRINGBROOK RD (apt. 4) Address

City AUBURN State MA Zip 01501 City State Zip

Insurance Company GENERAL Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)

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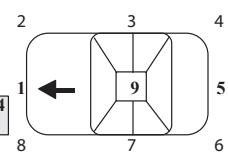

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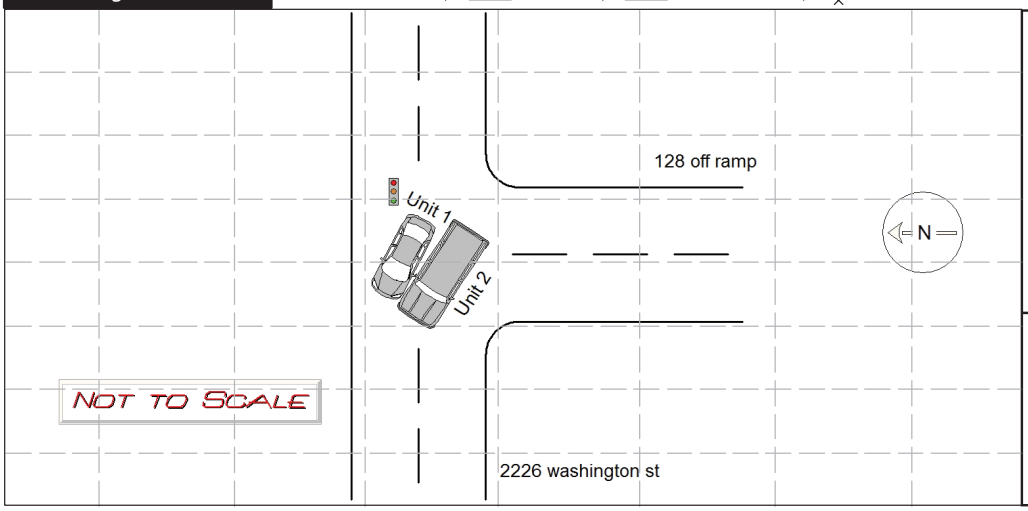
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	1	4	4	0	0	10	1	NONE

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:

ON 7-30-21 AT APPROX.1709HRS. WHILE WORKING N503 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT HIT AND RUN. UPON ARRIVAL AT 263 WASHINGTON ST (WELLESLEY) I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS ON THE OFF RAMP OF 128 HEADING N-BOUND. HE WAS STOPPED AT A RED LIGHT WHEN HE NOTICED VEHICLE #2 BEHIND HIM. VEHICLE #2 CAME AROUND TO HIS LEFT AND GOT NEXT TO VEHICLE #1 IN THE LEFT LANE. DRIVER STATES WHEN THE LIGHT TURNED GREEN BOTH VEHICLES TURNED LEFT ONTO WASHINGTON ST. VEHICLE #2 SPED UP AND HIT VEHICLE #1 WHILE TURNING LEFT. DRIVER STATES HE FOLLOWED VEHICLE #2 BUT LOST HIM A HUNDRED YARDS DOWN THE ROAD HEADING TOWARD WELLESLEY. DRIVER #1 REPORTED THE INCIDENT TO WELLESLEY OFF CUNNINGHAM .WHO NOTIFIED NEWTON POLICE. I WAS UNABLE TO MAKE CONTACT WITH VEHICLE #2. WILL TRY AGAIN ON NEXT SHIFT. VEHICLE #1 HAD A MINOR FRONT LEFT QTR. PANEL SCRAPE. ADVISED TO CONTACT INSURANCE COMPANY. VEHICLE #1 REPORTED NO INJURY. CLEARED WITHOUT FURTHER

(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]

THOMAS P WALSH			NEWTON POLICE DEPARTM		07/30/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00

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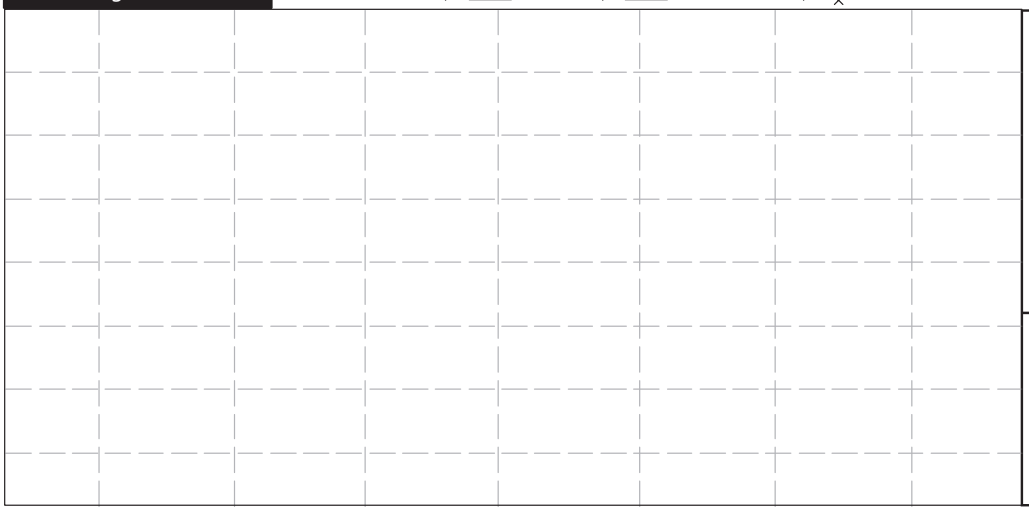

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Crash Narrative:

INCIDENT.

ON 8-1-21 I WAS ABLE TO CONTACT VEHICLE #2 (ROSE MARSAN) BY PHONE. DRIVER STATES SHE WAS IN NEWTON AT THAT TIME BUT DOES NOT RECALL MAKING CONTACT WITH VEHICLE #1. DRIVER WAS ADVISED TO CONTACT HER INSURANCE COMPANY. CLEARED WITHOUT FURTHER INCIDENT.

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