

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/05/2021		Time of Crash 09:14 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:						9			
NORTH JACKSON RD										2					
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10					
At				Feet N S E W of _____ or _____											
WEST PEARL ST				Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11					
Also at Intersection with				Route# Intersecting Roadway/Street						3					
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 210000582									
License # --- St MA DOB/Age ---				Reg # 1593YR Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make FORD Veh Config. 1 20											
Operator NAIDU BRIJESH R				Owner (Same as operator)								12			
Address 50 NOLTE RD				Address _____											
City BILLERICA State MA Zip 01821				City _____ State _____ Zip _____											
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 3 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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				-----		---	---					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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # --- St MA DOB/Age ---				Reg # 1PTT43 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2020 Veh Make TESLA Veh Config. 1 20											
Operator GONSIOROWSKI THOMAS				Owner (Same as operator)											
Address 17 WINCHESTER RD				Address _____											
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____											
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4							
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				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/Non-Motorist See Above				-----		---	---	1	4	3	0	0	10	1	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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:**

Upon arrival, both operators were off to the side of Jackson Rd exchanging information. The operator of vehicle 1 did not make a statement of what occurred. The operator of vehicle 2 stated he had a green light and was traveling northbound on Pearl St when he crashed into vehicle 1 that was traveling westbound on Jackson Rd. I observed significant damage to Vehicle 1 on the left front tire, making it inoperable. I also observed front end damage to vehicle 2 but the vehicle was driveable. Both operators stated they had no injuries and declined medical attention. Operator 1 had his vehicle legally parked on Jackson Rd and stated he was going to call a private tow company. All streets involved are private ways in the city of Newton. A witness on scene, Nicole St. Amand, stated she was stopped at a red light on Pearl St. She stated she saw vehicle 1 traveling westbound on Pearl St and go through the red light at the intersection of Pearl St and

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
ST AMAND, NICOLE,	58 (apt 1) COOK ST NEWTON, MA 02458	-----	N

**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

[illegible]

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:

Jackson Rd when Vehicle 1 collided with Vehicle 2.

[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 \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate \_\_\_\_\_

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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

e\_\_\_\_\_ Material 4 digit #

Release code

42

ROBERT DRAGONE

NEWTON POLICE DEPARTMENT

08/05/2021

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_