

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|--|--|--------------------------------|------------------------|--|---|----------------|--|--|
| Date of Crash 08/10/2021 | Time of Crash 08:51 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 1 | Number Injured 1 | Speed Limit <u>25</u> Latitude _____ Longitude _____ | State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____ | | | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | | |
| WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ | | | WASHINGTON ST | | | | | | | | |
| NORTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | GROVE ST | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | Landmark _____ | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 210000595 | | | | |
| License # _____ St _____ DOB/Age _____ | | | Reg # 3SN235 | | Reg Type PAN | | Reg State MA | | | | |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | Veh Year 2018 | | Veh Make MERZ | | Veh Config. 1 20 | | | | |
| Operator _____ Last _____ First _____ Middle _____ | | | Owner _____ Last _____ First _____ Middle _____ | | | | | | | | |
| Address _____ | | | Address _____ | | | | | | | | |
| City _____ State _____ Zip _____ | | | City _____ State _____ Zip _____ | | | | | | | | |
| Insurance Company _____ | | | Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | Event Sequence 4 22 22 22 22 | | 2 | | 4 | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 4 23 | | 1 | | 10 Undercarriage | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 4 24 24 | | 8 | | 5 11 Totaled | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed N | | 6 | | 6 | | | | |
| Please fill out for operator and all occupants involved | | | 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 | | ----- | | --- | | --- | | |
| Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants | | | <input checked="" type="checkbox"/> Non-Motorist A Type 2 14 | | Action 2 15 | | Location 4 16 | | Condition 1 17 | | |
| <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | | | | | | |
| License # _____ St _____ DOB/Age _____ | | | Reg # _____ | | Reg Type _____ | | Reg State _____ | | | | |
| Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | Veh Year _____ | | Veh Make _____ | | Veh Config. 20 | | | | |
| Operator CURREN MONTGOMERY | | | Owner _____ | | | | | | | | |
| Address 1910 WINTERGREEN CT | | | Address _____ | | | | | | | | |
| City RESTON State VA Zip 20191 | | | City _____ State _____ Zip _____ | | | | | | | | |
| Insurance Company _____ | | | Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ | | | Event Sequence 22 22 22 22 | | 2 | | 4 | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 23 | | 1 | | 10 Undercarriage | | | | |
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| Please fill out for operator and all occupants involved | | | 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 | | ----- | | --- | | --- | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Concord St

Grove St

Washington St

3SN235

Curren

NOT TO SCALE

N

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 8/10/2021 at approx 0851hrs while assigned to 497 I responded to the intersection of Washington St at Grove St for a report of a motor vehicle/bike crash with minor injuries. Upon arrival I met with Montgomery Curren a 15 year old adolescent male who related he was in the right travel lane w/b on Washington St crossing the intersection of Grove St when Ma Reg 3SN235 pulled in front of him taking a left from the e/b lane of Washington St onto Grove St. Curren was wearing a bicycle helmet, had minor scrapes and minor damage to his handlebars. I spoke with Triaca Fiorella who stated she was taking a left onto Grove St from Washington St, stopped to see if any cars were coming, when she saw no cars she took the left and Curren ran into the side of her car. Fiorella stated she believed Curren was "speeding" on his bicycle. Mass Uniform Citation T2015318 issued to Fiorella for violation MGL Ch 89 Sec 8 Fail to Yield Right of Way. Currens

(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

[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:

father , James Curren, responded to the scene to sign a patient refusal for Curren.

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

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placard

Material 1 digit #

Material Name

e_____ Material 4 digit #

Release code

42

JO A GOURDEAU

NEWTON POLICE DEPARTMENT

08/10/2021

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____