

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|--|-----------------------------|---|--|---|---|--|
| Date of Crash 08/20/2021 | Time of Crash 08:17 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 3 | Number Injured 0 | Speed Limit <u>30</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: | | | | | |
| EAST Route# Direction Name of Roadway/Street Name of Roadway/Street At SOUTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street | | | DERBY ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 210000616 | |
| License # --- St <u>MA</u> DOB/Age --- | | | Reg # <u>2SKB99</u> Reg Type <u>PAN</u> Reg State <u>MA</u> | | | Veh Year <u>2012</u> Veh Make <u>NISSAN</u> Veh Config. <u>2</u> | | | Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsment _____ | |
| Operator <u>THOMAS</u> <u>DAVID</u> Last First Middle | | | Owner <u>(Same as operator)</u> Last First Middle | | | Address _____ | | | City _____ State _____ Zip _____ | |
| Address <u>45 GORMAN RD</u> | | | Address _____ | | | City _____ State _____ Zip _____ | | | Insurance Company <u>TRAVELERS</u> | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> | | | Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>24</u> <u>24</u> <u>25</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>11</u> <u>6</u> | |
| Citation # (If Issued) _____ | | | Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>Y</u> | | | Underride/Override _____ | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | 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 ----- --- 1 4 4 0 0 10 1 NONE | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants | | | <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> | | | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | Please fill out for operator and all occupants involved | |
| License # --- St <u>FL</u> DOB/Age --- | | | Reg # <u>JFIE66</u> Reg Type <u>PAN</u> Reg State <u>FL</u> | | | Veh Year <u>2010</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> | | | Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Endorsment _____ | |
| Operator <u>VALENTINE</u> <u>SARAH</u> Last First Middle | | | Owner <u>(Same as operator)</u> Last First Middle | | | Address _____ | | | City _____ State _____ Zip _____ | |
| Address <u>3457 GOLDA CIR</u> | | | Address _____ | | | City _____ State _____ Zip _____ | | | Insurance Company <u>USAA</u> | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> | | | Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> | | | Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>24</u> <u>24</u> <u>25</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>11</u> <u>6</u> | |
| Citation # (If Issued) _____ | | | Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>Y</u> | | | Underride/Override _____ | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | 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 ----- --- 1 4 4 0 0 10 1 NONE | |

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|---|--------------------------------|---------------------|---|---------------------|--|---|---|--|---|--|--|
| Date of Crash 08/20/2021 | Time of Crash 08:17 24HR | City/Town NEWTON | Number Vehicles 3 | Number Injured 0 | Speed Limit 30 Latitude _____ Longitude _____ | State Police Local Police MBTA Police Other: | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| 1 Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street | | | | 9 | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of _____ Mile Marker _____ Exit Number _____ | | | | 10 | | | | |
| 2 Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | 11 | | | | |
| 3 | | | Landmark | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 210000616 | | |
| License # --- St MA DOB/Age --- | | | Reg # 674PL4 Reg Type PAN Reg State MA | | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ | | | Veh Year 2007 Veh Make KIA Veh Config. 1 20 | | | | | | | | |
| 4 Operator DEVINCENTIS MARISSA | | | Owner (Same as operator) | | | | | | 12 | | |
| Address 57 KONDAZIAN ST | | | Address | | | | | | | | |
| City WATERTOWN State MA Zip 02472 | | | City _____ State _____ Zip _____ | | | | | | | | |
| Insurance Company COMMERCE | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| 5 Vehicle Travel Direction: N X E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | | 2 3 4 | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 1 23 | | | 1 9 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 19 24 24 | | | 5 11 Totaled | | | | | |
| 6 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed Y | | | 6 7 8 | | | | | |
| 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 4 0 0 10 1 | | | NONE | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 Please Select One of the Following: | | | <input type="checkbox"/> Vehicle #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 DOB/Age --- | | | Reg # _____ Reg Type _____ Reg State _____ | | | | | | | | |
| Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ | | | Veh Year _____ Veh Make _____ Veh Config. 20 | | | | | | | | |
| 8 Operator _____ | | | Owner _____ | | | | | | | | |
| Address _____ | | | Address _____ | | | | | | | | |
| City _____ State _____ Zip _____ | | | City _____ State _____ Zip _____ | | | | | | | | |
| Insurance Company _____ | | | Vehicle Action Prior to Crash 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____ | | | Event Sequence 22 22 22 22 | | | 2 3 4 | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event 23 | | | 1 9 10 Undercarriage | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code 24 24 | | | 5 11 Totaled | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override 25 Towed _____ | | | 6 7 8 | | | | | |
| 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

Crash Diagram: ie: → 1 → 2 → Pedestrian

NOT TO SCALE

derby st

waltham st

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

Crash Narrative:

ON 8-20-21 AT APPROX. 0817HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WALTHAM AND DERBY I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON WALTHAM. HE STOPPED AT THE INTERSECTION TO LET A BICYCLIST CROSS THE STREET AND WHEN HE STOPPED HE WAS HIT IN THE REAR BY VEHICLE #2. VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON WALTHAM ST AND HAD STOPPED BEHIND VEHICLE #1. SHE STATES SHE WAS HIT IN THE REAR BY VEHICLE #3 AND THAT PUSHED HER INTO HITTING VEHICLE #1. VEHICLE #3 STATES SHE WAS TRAVELING S-BOUND ON WALTHAM. SHE SAW VEHICLES #1 AND #2 STOP. WHEN SHE WENT TO BRAKE SHE STATES HER VEHICLE SLID ON THE WET SURFACE (IT HAD RAINED OVERNIGHT) AND SHE WAS UNABLE TO AVOID HITTING VEHICLE #2. VEHICLE #1 HAD LEFT REAR FENDER DAMAGE. VEHICLE #2 HAD EXTENSIVE FRONT AND REAR END DAMAGE AND WAS TOWED BY TODYS. VEHICLE #3 HAD MINOR FRONT END DAMAGE AND WAS TOWED BY AAA

(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

THOMAS P WALSH NEWTON POLICE DEPARTM 08/20/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

