

# Commonwealth of Massachusetts

|  |  |                                  |                               |                                |  |   |  |                      |  |                         |                        |   |                     |   |  |
|--|--|----------------------------------|-------------------------------|--------------------------------|--|---|--|----------------------|--|-------------------------|------------------------|---|---------------------|---|--|
| Police Use Only  |  |                                  | Commonwealth of Massachusetts |                                |  |   |  |                      |  |                         |                        |   | RMV Document Number |   |  |
| Date of Crash<br>08/25/2021  |  | Time of Crash<br>11:02<br>24HR   |                               | City/Town<br>NEWTON            |  | Motor Vehicle Crash<br>Police Report  |  |                      |  | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 30<br>Latitude<br>Longitude |                     | State Police <input type="checkbox"/><br>Local Police <input type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:   |  |                                  |                               |                                |  | < LOCATION >  |  | NOT AT INTERSECTION: |  |                         |                        |   |                     |   |  |
| <div><div>NORTH</div><div>JACKSON RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>   |  |                                  |                               |                                |  | <div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of Mile Marker or Exit Number</div><div>Feet N S E W of Route# Intersecting Roadway/Street</div><div>Feet N S E W of Landmark</div></div>  |  |                      |  |                         |                        |   |                     |   |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants   |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped |  | Case Number 210000632   |  |                      |  |                         |                        |   |                     |   |  |
| License # --- St MA DOB/Age ---<br>Sex M Lic. Class B 18 18 Lic. Restrictions B 19 CDL<br>Operator SOTO NEYT F.<br>Address 523 CAMBRIDGE STREET (apt. 1)<br>City ALLSTON State MA Zip 02134<br>Insurance Company ARBELLA<br>Vehicle Travel Direction: N S X W Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec |  |                                  |                               |                                |  | Reg # V60814 Reg Type CON Reg State MA<br>Veh Year 2013 Veh Make FRHT Veh Config. 6<br>Owner GMD EXCAVATION<br>Address 37 EVERGREEN AVE.<br>City BRAINTREE State MA Zip 02184<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 1 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24 Underride/Override 25 Towed N |  |                      |  |                         |                        |   |                     |   |  |
| Please fill out for operator and all occupants involved  |  |                                  |                               |                                |  | 13  |  |                      |  |                         |                        |   |                     |   |  |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility  |  |                                  |                               |                                |  | Operator See Above --- 1 4 99 0 0 10 1 NONE   |  |                      |  |                         |                        |   |                     |   |  |
| 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 ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL<br>Operator MUZAC SERGE<br>Address 50 JUNE STREET<br>City ROSLINDALE State MA Zip 02131<br>Insurance Company LIBERTY MUTUAL<br>Vehicle Travel Direction: N S X W Responding to Emergency? N<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec       |  |                                  |                               |                                |  | Reg # 5VC273 Reg Type PAN Reg State MA<br>Veh Year 2014 Veh Make TOYOTA Veh Config. 2<br>Owner (Same as operator)<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 97 24 24 Underride/Override 25 Towed Y                              |  |                      |  |                         |                        |   |                     |   |  |
| Please fill out for operator and all occupants involved  |  |                                  |                               |                                |  | 13  |  |                      |  |                         |                        |   |                     |   |  |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility  |  |                                  |                               |                                |  | Operator/Non-Motorist See Above --- 1 4 99 0 0 10 1 NONE  |  |                      |  |                         |                        |   |                     |   |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

Washington Street

Jackson Road

Motor Vehicle 1

Motor Vehicle 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

↑ N

**Crash Narrative:**

Motor vehicle 1 (MV1), was traveling eastbound in the left lane on Washington Street when motor vehicle 2 (MV2), which was also traveling eastbound on Washington St., attempted to merge from the right lane to the left lane in order to take a left hand turn onto Jackson Road. As MV2 attempted to merge over, it clipped the rear passengers side tire of MV1. As a result of the crash, MV1 sustained minor damage, while MV2 sustained moderate front end damage.

**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

ALEXANDER COLETTI    28070    NEWTON POLICE DEPARTM    08/25/2021

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

CDP1 11 -24:00