

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/03/2021	Time of Crash 08:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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:				
NORTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			CHERRY ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
EAST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			WEBSTER ST Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000664		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>985CY1</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2016</u> Veh Make <u>MAZDA</u> Veh Config. <u>2</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 _____ Endorsement _____		
Operator <u>FARINA</u> <u>LINDA</u> Last First Middle			Owner <u>(Same as operator)</u> Last First Middle			Address _____			City _____ State _____ Zip _____		
Address <u>32 ANNAPOLIS RD</u>			Address _____			City _____ State _____ Zip _____			Insurance Company <u>USAA</u>		
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Vehicle Action Prior to Crash <u>1</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>		
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>						Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>						Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
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											
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>86LW60</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2019</u> Veh Make <u>FORD</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 _____ Endorsement _____		
Operator <u>KELLY</u> <u>CYRIL</u> Last First Middle			Owner <u>KELLY</u> <u>KELLY</u> Last First Middle			Address <u>91 JORDAN RD</u>			City <u>HOLDEN</u> State <u>MA</u> Zip <u>01520</u>		
Address <u>91 JORDAN RD</u>			Address _____			City _____ State _____ Zip _____			Insurance Company <u>COMMERCE</u>		
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			Vehicle Action Prior to Crash <u>1</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>		
Citation # (If Issued) <u>T2080808</u>			Most Harmful Event <u>1</u> <u>23</u>						Driver Contributing Code <u>13</u> <u>24</u> <u>24</u>		
Violation 1: Ch <u>89/9</u> Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>						Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

CHERRY ST

WEBSTER ST

Unit 1

Unit 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:

ON 9-3-21 AT APPROX. 0801HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WEBSTER AND CHERRY I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING N-BOUND ON CHERRY APPROACHING THE INTERSECTION OF CHERRY AND WEBSTER. DRIVER STATES SHE HAD THE GREEN LIGHT AND WHILE GOING THROUGH THE INTERSECTION WAS HIT IN THE FRONT LEFT BY VEHICLE #2. DRIVER OF VEHICLE #2 STATES HE WAS TRAVELING E-BOUND ON WEBSTER APPROACHING THE INTERSECTION OF CHERRY AND WEBSTER. DRIVER STATES HIS VISIBILITY WAS OBSTRUCTED BY THE GLARE OF THE SUN RISING IN THE EAST AND THOUGHT HE HAD A GREEN LIGHT. WHEN VEHICLE #2 WENT THROUGH THE INTERSECTION HE HIT VEHICLE #1, BOUNCED OFF AND HIT THE TRAFFIC POLE LIGHT ON THE CORNER OF CHERRY AND WEBSTER. THE LIGHT WAS DISLODGED AND HIS VEHICLE STOPPED WHEN HE HIT THE ROCK WALL AT THE SIDEWALK OF WEBSTER ST. BOTH VEHICLES WERE TOWED BY TODYS. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PEPI, BRIAN,	8 OAKVALE RD FRAMINGHAM, MA 01701	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE. NEWTON, MASSACHUSETTS 0	617-796-1000	3	TRAFFIC SIGNAL POLE

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 DEPART

09/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

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:

LEFT SIDE AIR BAG DEPLOYMENT. VEHICLE #2 ALSO HAD EXTENSIVE FRONT END DAMAGE. OPERATOR OF VEHICLE #1 REPORTED NO INJURIES AND SIGNED A PATIENT REFUSAL. OPERATOR OF VEHICLE #2 HAD MINOR INJURIES AND WAS TRANSPORTED BY MEDIC2 TO NEWTON WELLESLEY HOSPITAL. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. VEHICLE #2 WAS ISSUED CITATION # T2080808 (89/9 F/C RED LIGHT). CITATION WAS MAILED TO OPERATOR. N524 (OFF. GAUDET) TOOK PICTURES OF THE SCENE AND PROPERTY DAMAGE. PICTURES TURNED OVER TO I.T. CLEARED WITHOUT FURTHER INCIDENT.

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 DEPART

09/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date