

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/09/2021	Time of Crash 16:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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:					
AUSTIN ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
LOWELL AVE										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Mile Marker Exit Number					
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of		Route# Intersecting Roadway/Street					
					Landmark					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000682			
License # --- St MA DOB/Age ---			Reg # 1LLS36 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20							
Operator EMBROSKI NICHOLAS			Owner (Same as operator)							
Address 50 DINSMORE AVE (apt. 107)			Address							
City FRAMINGHAM State MA Zip 01702			City State Zip							
Insurance Company GIECO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22					
Citation # (If Issued)			Most Harmful Event 1 23		Most Harmful Event 1 23					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		Driver Contributing Code 99 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		Underride/Override 25 Towed N					
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			-----		99 4 99 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 5 #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 # 11395 Reg Type SPN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2019 Veh Make FORD Veh Config. 5 20							
Operator MAHER JOSEPH			Owner JSC TRANSPORTATION							
Address 22 QUIMBY ST			Address 224 CALVARY ST							
City WATERTOWN State MA Zip 02472			City WALTHAM State MA Zip 02453							
Insurance Company NATIONAL INTERSTATE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		Event Sequence 1 22 22 22 22					
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Operator/Non-Motorist See Above			-----		99 4 0 10 1					
SCOTT, LYDIA			41 BERNARD ST NEWTON, MA		8 99 10 1					
COREY, JACOB			64 OAKCLIFF ROAD NEWTON, MA 02460		5 99 10 1					
COREY, JESSE			64 OAK CLIFF NEWTON, MA 02465		6 10 1					

Commonwealth of Massachusetts

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AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
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Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Feet N S E W of Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000682		
License # St DOB/Age			Reg # Reg Type Reg State			Sex Lic. Class Lic. Restrictions CDL Endorsment			Veh Year Veh Make Veh Config.		
Operator Last First Middle			Owner Last First Middle			Address			Address		
City State Zip			City State Zip			Insurance Company			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: Responding to Emergency?			Event Sequence			Most Harmful Event			Driver Contributing Code		
Citation # (If Issued)			Underride/Override			Towed			10 Undercarriage 11 Totaled		
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			-----			---		
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License # St MA DOB/Age			Reg # 11395 Reg Type SPN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019 Veh Make FORD Veh Config. 5 20		
Operator MAHER JOSEPH			Owner JSC TRANSPORTATION			Address 224 CALVARY ST			Address		
City WATERTOWN State MA Zip 02472			City WALTHAM State MA Zip 02453			Insurance Company NATIONAL INTERSTATE			Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)		
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Operator/Non-Motorist			See Above			-----			---		
MURRAY, MADISON			36 LAKE VIEW ST WALTHAM, MA 02453			-----			F 5		

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

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:

On 9/9/21, at 1614 hrs, Newton Police and Fire personnel responded to Lowell Ave. at Austin S. for a motor vehicle accident involving a City of Newton student transportation van. Upon arrival, all involved parties including students reported no injuries. Each student's guardian was contacted and responded to the scene to sign a patient refusal and take custody of their child.

The operator of MV#1 stated he made a complete stop at the stop sign on Austin St. prior to crossing westbound over Lowell Ave. As MV#1 proceeded across the intersection he was struck on the passenger side by MV#2 (JCS transport van) which was traveling south on Lowell Ave. The operator of MV#2 stated he was traveling south on Lowell Ave. approaching the intersection of Austin St. when he observed MV#1 crossing westbound on Lowell Ave. The operator of MV#2 stated due to the rain and slick conditions he could not stop

(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 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

DANIEL SOHN	NEWTON POLICE DEPARTM	09/09/2021
Police Officer Name (Please Print)	Signature	ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

→ 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:

his vehicle in time prior to colliding into MV#1.

No damage was observed to MV#2 (JCS transportation van) however MV#1 sustained damage to its passenger side front and rear door. Both vehicles were able to be driven from the scene.

Pictures of the damage were captured on the N492 camera and will be attached to this report. Both operators were given directions on how to obtain a copy of this report.

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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

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Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

DANIEL SOHN

NEWTON POLICE DEPART

09/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date