

Police Use Only			Commonwealth of Massachusetts				RMV Document Number													
Date of Crash 09/15/2021		Time of Crash 08:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>								
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9								
Route# Direction Name of Roadway/Street At				EAST 140 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10								
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11								
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 2100000707								6								
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator WALSH DANYEL Address 112 MAPLE LANE City MEDWAY State MA Zip 02053 Insurance Company PROGRESSIVE DIRECT				Reg # 6MK179 Reg Type PAN Reg State MA Veh Year 2011 Veh Make KIA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y								12								
5				Please fill out for operator and all occupants involved								13								
6				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								1								
7				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																
8				License # --- St DE DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JONES RICHARD BARRON Address 1107 NOTTINGHAM RD WAWASET PARK City WILMINGTON State DE Zip 19805 Insurance Company FEDERAL INSURANCE COMPANY Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) T1447322 Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								Reg # 325923 Reg Type PAS Reg State DE Veh Year 2015 Veh Make SUBA Veh Config. 1 20 Owner JONES ELLET Address 201 ADAMS DAM RD City WILMINGTON State DE Zip 19807 Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 3 24 5 11 Totaled Underride/Override 25 Towed Y								
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																

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 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:

Operator of vehicle 1 was traveling eastbound on Commonwealth Ave behind vehicle 2. Operator of vehicle 1 stated that vehicle 2 quickly swerved right then made a u-turn across the double yellow line and struck her vehicle head on.

Operator of vehicle 2 stated he attempted to make a u-turn and went head on into vehicle 1.

Both operators reported no injuries and signed patient refusals with Fallon medical. Both vehicles were towed by Todys Towing. I issued operator 2 in hand MA Uniform Citation #T1447322 for 89/4a marked lanes violation. Commonwealth Ave is a public way in the City of Newton.

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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

09/15/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date