

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/24/2021	Time of Crash 17:07 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	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: <input type="checkbox"/>			
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 11 COMMONWEALTH AVE 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 _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
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 2100000753		
License # _____ St MA DOB/Age _____			Reg # 85491 Reg Type CON Reg State MA			Veh Year 2012 Veh Make CASCAD Veh Config. 10					
Sex M Lic. Class A 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2012 Veh Make CASCAD Veh Config. 10			Owner SYSCO BOSTON LLC					
Operator FERNANDES JORDAN			Address 38 SWIFT ST (apt. 3)			Address 99 SPRING ST					
City NEW BEDFORD State MA Zip 02740			City BOSTON State MA Zip 02367			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company ZURICH INSURANCE			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			10 Undercarriage		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			5 11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # _____ St RI DOB/Age _____										Reg # HX551 Reg Type PAN Reg State RI	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Veh Year 2014 Veh Make VOLKSWAGON Veh Config. 1	
Operator FIORE SARAH										Owner FIORE RONALD	
Address 21 WHISPER LN										Address 21 (apt. LN) WHISPER	
City KINGSTON State RI Zip 02852										City NORTH KINGSTON State RI Zip 02852	
Insurance Company HARRLEYSVILLE INSURANCE										Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 2 22 22 22 22 2	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Most Harmful Event 2 23	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Driver Contributing Code 19 24 5 24	
Underride/Override 25 Towed Y										8 7 6	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

11 Commonwealth Ave

Commonwealth Ave

P.O.I.

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

MV 1 was parked westbound on Commonwealth Ave in front of 11 Commonwealth Ave when MV 2 side swiped MV 1. The operator of MV 1 was making a delivery to the business at 11 Comm Ave. MV 1 sustained zero damage from the side swipe.

The operator of MV 2 was operating westbound on Comm Ave and did not realize how close she was to MV 1. MV 2 sideswiped MV 1 causing moderate damage to the right side of MV 2. Both windows of the passenger side of MV 2 were disabled from the collision. The operator of MV 2 was not injured and signed a patient refusal with Fallon medics. MV 2 was towed by triple A per the owners request.

**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 # **85491** (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 #: **P812139** Reg Type **TL** Reg State **INDIANA** Reg Year **2012** Trailer Length **97** **39**

**Hazmat Information:**

Placard **40** Material 1 digit # **41** Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code **42**

DONALD MURPHY

NEWTON POLICE DEPART

09/24/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date