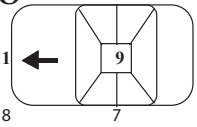


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/30/2021	Time of Crash 19:43 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>50</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST BOYLSTON ST 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 _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ WALNUT ST 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 _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000775		
License # _____ St CO DOB/Age _____			Reg # 297XUL Reg Type PAN Reg State CO			Veh Year 2003 Veh Make TOYOTA Veh Config. <u>2</u> <u>20</u>					
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2003 Veh Make TOYOTA Veh Config. <u>2</u> <u>20</u>			Operator LAMIRATO KATIE ELIZABETH					
Address 7017 ORION LANE			Owner LAMIRATO MONTY R			Address 7017 ORION LN					
City ARVADA State CO Zip 80007			City ARVADA State CO Zip 80007			Insurance Company AMERICAN FAMILY INSURANCE					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Damaged Area Code: (Circle Up to Three)					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>						10 Undercarriage 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>N</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		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 <u>14</u>										15	
Action <u>14</u>										16	
Location <u>14</u>										17	
Condition <u>14</u>										17	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____										Reg # 1JVF34 Reg Type PAN Reg State MA	
Sex M Lic. Class <u>C</u> <u>18</u> <u>18</u> Lic. Restrictions <u>L</u> <u>19</u> CDL _____										Veh Year 2010 Veh Make NISSAN Veh Config. <u>1</u> <u>20</u>	
Operator GABRIEL ADAM										Owner (Same as operator)	
Address 1321 WASHINGTON STREET										Address _____	
City NEWTON State MA Zip 02465										City _____ State _____ Zip _____	
Insurance Company AMICA										Vehicle Action Prior to Crash <u>3</u> <u>21</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>	
Citation # (If Issued) _____										Most Harmful Event <u>1</u> <u>23</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Underride/Override <u>25</u> Towed <u>N</u>	
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:**

WALNUT ST

BOYLSTON ST

BOYLSTON WINCHESTER ST SERVICE RD

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 MV1 said she was on the on ramp located at Winchester Street at Boylston Street. Operator of MV1 said she attempted to merge onto Boylston Street when she struck the rear of MV2 at Boylston Street at Walnut Street. Operator of MV2 said he was traveling eastbound on Boylston St and was attempting to turn right onto Walnut St when he was struck from behind by MV2. Both MV1 and MV2 pulled over to Woodcliff road. There is damage to the rear passenger bumper of MV2. There were no injuries and both vehicles were able to drive away from the scene.

**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

**PATRICK DALY**      **NEWTON POLICE DEPT**      **09/30/2021**

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

CDP1 11 -24:00