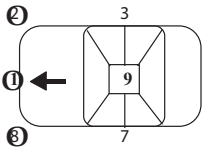
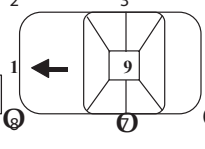


Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 10/06/2021		Time of Crash 14:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>															
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9															
WEST COMMONWEALTH AVE										2																	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10																	
At				Feet N S E W of _____ or _____																							
NORTH HAMMOND ST				Mile Marker Exit Number																							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____						11																	
Also at Intersection with				Route# Intersecting Roadway/Street						3																	
Route# Direction Name of Intersecting Roadway/Street				Landmark																							
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000787																			
License # --- St MA DOB/Age ---				Reg # SP107861 Reg Type PAN Reg State MA																							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make FORD Veh Config. 2 20																							
Operator ROSS KATHLEEN				Owner ACTION AMBULANC								12															
Address 5 CATALPA ST				Address 844 WOBURN ST																							
City WAKEFIELD State MA Zip 01880				City WILMINGTON State MA Zip _____																							
Insurance Company ARBELLA				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)																			
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22								10 Undercarriage 5 11 Totaled															
Citation # (If Issued) _____				Most Harmful Event 1 23																							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24																							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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.		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					
PARKS, LISA				844 WOBURN ST WILMINGTON, MA 01887		-----		F		6		1		4		4		0		0		10		1			
WILSON, DIANA				125 NEW SALEM ST WAKEFIELD, MA 01880		-----		F		4		1		4		4		0		0		10		1			
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					
License # --- St MA DOB/Age ---				Reg # 1RB158 Reg Type PAN Reg State MA																							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011 Veh Make TOYT Veh Config. 2 20																							
Operator CLARK JENNIFER KIMBERLY				Owner (Same as operator)																							
Address 1019 MAIN ST				Address _____																							
City MILLIS State MA Zip 02054				City _____ State _____ Zip _____																							
Insurance Company AMICA				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)																			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22								10 Undercarriage 5 11 Totaled															
Citation # (If Issued) _____				Most Harmful Event 1 23																							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 3 24 24																							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y																							
Please fill out for operator and all occupants involved												13															
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    →

**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 states she was traveling northbound on Hammond St crossing Commonwealth Ave and had a green light. As she was crossing Commonwealth Ave vehicle 2 came across the front of her vehicle from her right (traveling westbound) and the vehicles collided.

Operator of vehicle 2 stated she was traveling westbound on Commonwealth Ave and came to the intersection of Hammond St. Operator stated she had no idea if the light was green or red due to solar glare but continued through the intersection where she was struck on the drivers side by vehicle 1.

Both operators and the two passengers of vehicle 1 signed patient refusals with Fallon medics. Vehicle 1 was able to be driven from the scene. Vehicle 2 was towed by Todys.

The reporting party to the accident was an uninvolved witness. The witness told dispatch that vehicle 2 ran

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
O'BRIEN, CAROLINE,	35 GOODNOUGH RD CHESTNUT HILL, MA 02467	-----	N

**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      10/06/2021

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:

the red light causing the accident. I attempted to follow up with the witness by calling the number they called from (617-462-6762) with negative results. I did leave a voice mail and will attempt to follow up on my next tour of duty.

\*\*\*On 10/07/2021 I was able to speak to the witness of the accident, Caroline O'Brien. O'Brien states she was on Hammond St behind vehicle 1 and states that they had the green light to proceed. She also states she saw vehicle 2 traveling westbound on Commonwealth Ave at a high rate of speed run the red light and strike vehicle 1.

#### 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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

10/06/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date