

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 10/12/2021	Time of Crash 12:52 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:						
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
SOUTH ROWE ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street									
WEST WOLCOTT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street									
			Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000814			
License # --- St MA DOB/Age ---			Reg # M88531 Reg Type MVN Reg State MA									
Sex M Lic. Class A 18 D 18 Lic. Restrictions K 19 CDL Endorsment			Veh Year 2014 Veh Make FORD Veh Config. 1 20									
Operator SIRATOS JOHN Last First Middle			Owner PARKS AND RECRE/									
Address 133 WARREN ST			Address 110 CRAFTS ST									
City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02458									
Insurance Company SELF			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 3 22 22 22 22			2 3 4						
Citation # (If Issued)			Most Harmful Event 3 23			1 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 13 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			8 7 6						
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator			See Above			99			4 4 0 0 10 1			
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 1 15 Location 1 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # --- St DOB/Age ---			Reg # Reg Type Reg State									
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20									
Operator ANDERSON JUSTIN Last First Middle			Owner									
Address 392 CHERRY ST			Address									
City NEWTON State MA Zip 02465			City State Zip									
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22			2 3 4						
Citation # (If Issued)			Most Harmful Event 23			1 9 10 Undercarriage						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24			5 11 Totaled						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed			8 7 6						
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			
Operator/Non-Motorist			See Above			8			2 NWH			



→ 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:

traveling a couple miles per hour as he just accelerated from a stop. John stated he did not see the pedestrian because of the suns glare.

I was able to speak to the pedestrian inside the ambulance receiving medical treatment. He was identified as Justin Anderson (S27026247). Justin stated he was jogging westbound on Webster Street and was crossing the intersection of Wolcott Street and Rowe Street, attempting to head westbound on Wolcott Street. Justin stated he was jogging on the sidewalk and entered the crosswalk to cross the street and was struck by the city vehicle in the right leg causing him to fall to the ground. Justin reported a minor thumb injury and a small scrape on his head. Justin stated his temperature was high and he was being transported to NWH by Medics as a precaution.

(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

ANDREA M FERGUSON

NEWTON POLICE DEPART

10/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

