

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/17/2021	Time of Crash 15:04 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<div><div><div>SOUTH</div><div>GROVE ST</div></div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>RTE 128</div></div> <div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet <div><div>N</div><div>S</div><div>E</div><div>W</div></div> of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet <div><div>N</div><div>S</div><div>E</div><div>W</div></div> of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet <div><div>N</div><div>S</div><div>E</div><div>W</div></div> of _____</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000840			
License # --- St MA DOB/Age ---			Reg # 1LMG35		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make HONDA		Veh Config. 2 20			
Operator FENOL KIMBETTE			Owner (Same as operator)							
Address 16 UNDERWOOD PK			Address							
City WALTHAM State MA Zip 02453			City		State		Zip			
Insurance Company STANDARD FIRE INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <div><div>N</div><div><div>X</div></div><div>E</div><div>W</div></div> Responding to Emergency? N			Event Sequence 1 22 22 22 20 22 22		2		4			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		5		11 Totalled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8		6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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	
Operator			See Above		-----		---	---	1 3	
FENOL, GLORIOSA, C			16 UNDERWOOD PK WALTHAM, MA 02453		-----		F	3	1 3	
									4 0	
									0 0	
									10 2	
									2	
									NEWTON-WELLESLEY H	
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 # 9CG748		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make HONDA		Veh Config. 2 20			
Operator FROH ROBERT C			Owner (Same as operator)							
Address 12 FILLMORE PLACE			Address							
City WESTON State MA Zip 02493			City		State		Zip			
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <div><div><div>X</div></div><div>S</div><div>E</div><div>W</div></div> Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		4			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		5		11 Totalled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		7		6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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	
Operator/Non-Motorist			See Above		-----		---	---	1 1	
									4 0	
									0 0	
									10 1	
									NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

NOT TO SCALE

Area of P.O.I.

MV1 final rest

P.O.I. #3

MV1

P.O.I. #2

Utility Pole

Rt.95 N on-ramp

MV2 final rest

MV2

Rt.95 N off-ramp

Grove St

MV1

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N ↓

Crash Narrative:

MV1 operator was driving the speed limit southbound on Grove St by the Recreation Road/Rt. 95 northbound on-ramp intersection. MV1 operator stated she observed MV2 stopped at the Rt.95 northbound off-ramp intersection's stop sign. MV1 operator stated as she was continuing on Grove St, she was "t-boned" on her driver side by MV2. MV1 operator said after she was struck by MV2, her MV struck the utility pole and landed on top of the southbound Grove St curb. MV1 operator reported no injuries at this time. MV1 passenger did not report any injuries but she and MV1 operator were transported to Newton-Wellesley Hospital for an evaluation by Newton Medics. MV1 sustained extensive driver side, passenger side, front end, and under carriage damage. All airbags were deployed and the front passenger door entrapped MV1 passenger. MV1 was towed by Todys. MV2 operator stated he had exited Rt.95 northbound at the Grove St exit. MV2 operator said he was attempting

(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

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

MARK HATFIELD NEWTON POLICE DEPT 10/17/2021

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:

to drive straight on to Recreation Rd/Rt.95 northbound on-ramp. MV2 operator said he stopped at the stop sign at Grove St and looked both ways. MV2 operator stated he did observe MV1 driving southbound on Grove St at a reasonable speed. However, MV2 operator said he thought MV1 had stopped to let him go. MV2 operator said as he attempted to drive straight onto Recreation Road/Rt.95 northbound on-ramp, he struck the driver side of MV1. MV2 operator reported no injuries at this time. MV2 sustained extensive front end damage, and the driving wheel airbag was deployed. MV2 was towed by Todys.

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

MARK HATFIELD

NEWTON POLICE DEPT.

10/17/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date