

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/28/2021	Time of Crash 18:18 24HR	City/Town NEWTON	Number Vehicles 0	Number Injured 1	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 1221 CENTRE ST Route# Direction Address # Name of Roadway/Street				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				1 11				
Route# Direction Name of Intersecting Roadway/Street			Landmark				1				
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000877		
License # _____ St _____ DOB/Age _____			Reg # _____ Reg Type _____ Reg State _____			20			12		
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____ Veh Make _____ Veh Config. _____			20			12		
Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____			20			12		
Address _____			Address _____			20			12		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			20			12		
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)			13		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23			1 2 3 4 5 6 7 8 9 10 11			11 Totalled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24			Underride/Override <input type="checkbox"/> 25 Towed _____			13		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____			Underride/Override <input type="checkbox"/> 25 Towed _____			13		
Please fill out for operator and all occupants involved			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			13		
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			13		
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Operator _____ Last _____ First _____ Middle _____			Owner _____ Last _____ First _____ Middle _____			20			12		
Address _____			Address _____			20			12		
City _____ State _____ Zip _____			City _____ State _____ Zip _____			20			12		
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)			13		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4			10 Undercarriage		
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Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash	Time of Crash	City/Town	Motor Vehicle Crash Police Report			Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>		
	24HR							Latitude	Local Police	<input type="checkbox"/>		
								Longitude	MBTA Police	<input type="checkbox"/>		
									Other:	<input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:					9	
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								10	
At			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					11	
Also at Intersection with			Feet N S E W of			Landmark						
Route# Direction Name of Intersecting Roadway/Street												
<input type="checkbox"/> Vehicle #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped						
License # St DOB/Age			Reg # Reg Type Reg State									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year Veh Make Veh Config. 20									
Endorsment			Owner Last First Middle								12	
Operator Last First Middle			Address									
City State Zip			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						
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Operator			See Above									
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			Veh Year Veh Make Veh Config. 20									
Endorsment			Owner Last First Middle									
Operator GIMBRONE CRAIG			Address									
Address 33 PAUL ST (apt. 11)			City State Zip									
City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)						
Insurance Company			Event Sequence 22 22 22 22			2 3 4						
Vehicle Travel Direction: N S E W Responding to Emergency?			Most Harmful Event 23			1 9 10 Undercarriage						
Citation # (If Issued)			Driver Contributing Code 24 24			5 11 Totaled						
Violation 1: Ch Sec Violation 2: Ch Sec			Underride/Override 25 Towed			8 7 6						
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Operator/Non-Motorist			See Above			8 1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

CVS, 1199 CENTRE ST

CENTRE ST

LANGLEY RD

PELHAM ST

MOSHER'S, 1221 CENTRE ST

UNK MV

POI

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:

On October 28, 2021 at approximately 18:26 hours I, Officer Guarino, spoke with Craig Gimbrone over the phone, who reported that he was hit by a motor vehicle in the crosswalk at 1221 Centre St between 15:00 and 15:13 hours.

Craig said that he was crossing the crosswalk at 1221 Centre St east to west and was struck by a black car traveling southbound in the far right lane of Centre St. Craig said that the vehicle struck him and caused him to fall over, Craig got up and continued to cross the street and enter CVS without speaking with the operator of the vehicle. Craig did not get a license plate, description of the vehicle or the operator. Craig could only recall that the vehicle was a black sedan. Craig was wearing blue jeans and a gray jacket at the time of the collision. Craig said that the crosswalk flashing lights were not activated prior to him crossing

(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

CHARLES P GUARINO **38802** NEWTON POLICE DEPARTMENT **10/28/2021**

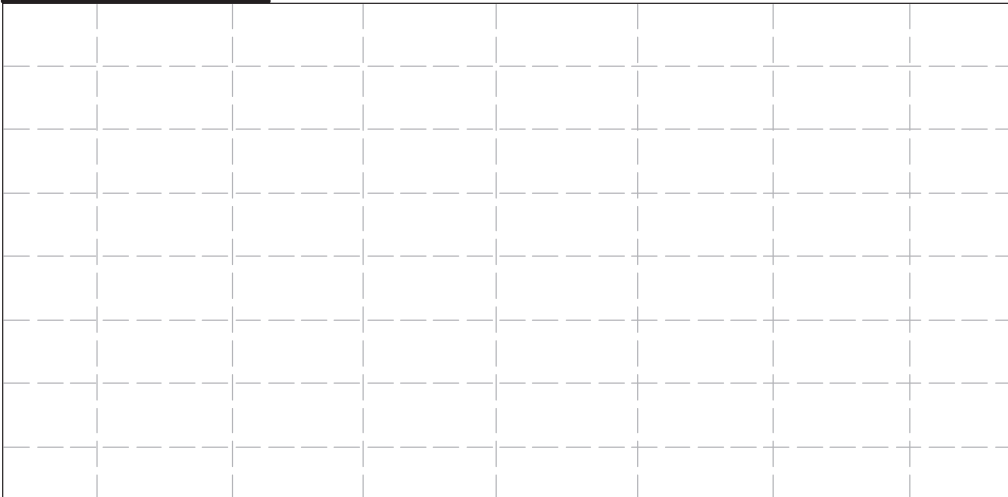
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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 roadway.

Crag said that he did not need EMS but was starting to have pain in his right ankle and right shoulder. He emailed me photographs of his ankle which was forwarded to IT to be attached to this report. Craig was given the crash report number for his records.

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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

10/28/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date