

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 10/30/2021	Time of Crash 14:20 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	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:			
SOUTH BRIDGE ST Route# Direction Name of Roadway/Street At 16 WEST WATERTOWN ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			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 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants <input type="checkbox"/> Hit/Run <input checked="" type="checkbox"/> Moped			Case Number 210000883							
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator ZAPATA SEPULVED, DANIEL Address 52 DEAN STREET City EVERETT State MA Zip 02149 Insurance Company NA			Reg # UNK Reg Type XX Reg State XX Veh Year 2020 Veh Make YNGF Veh Config. 97 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled							
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) T2014291 Violation 1: Ch 90/104 Sec Violation 2: Ch 90/9B Sec Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec			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 ----- --- 5 5 4 0 0 10 1 NONE							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 _____ Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator OH ELIZABETH Address 31 AGAWAM ROAD City WABAN State MA Zip 02468 Insurance Company SAFETY INS			Reg # 3WS536 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20 Owner OH KEVIN Address 31 AGAWAM RD City NEWTON State MA Zip 02468 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WATERTOWN STREET

BRIDGE STREET

P.O.I.

NOT TO SCALE

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:

On 10/30/2021, while assigned to N491, I, Officer Conary, responded to the area of Watertown Street and Bridge Street for a motor vehicle accident involving a motorcycle. Upon arrival, I met with Operator of MV1, who was operating a moped. He explained to me that he was stopped at the stop sign Southbound on Bridge Street, about to make a left onto Watertown Street when he was struck by MV2.

Operator of MV2 stated that they were driving Westbound on Watertown Street taking a left turn onto Bridge Street when she heard a bang saw that she hit MV1.

I asked Operator of MV2 if they took the turn sharp they stated they didn't think so. I asked Operator of MV1 if they were behind the stop line or after and he stated he thought it was in the middle of the crosswalk.

Medics arrived and Operator of MV1 signed a patient refusal. MV2 was able to be driven from scene. There was

(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

KRISTINA CONARY **NEWTON POLICE DEPARTMENT** **10/30/2021**

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:

minor damage to the left front bumper of MV2. There was minor damage to the front of MV1.

Operator of MV1 was able to provide a title for the moped that describes it as a scooter. Operator of MV1 did not have a driver's license or a registration for the moped.

Operator of MV1 will be charged with MGL 90/10 Unlicensed Operator of a MV and 90/9 Unregistered Motor Vehicle. (See Incident report #21045954)

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

KRISTINA CONARY

NEWTON POLICE DEPART

10/30/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date