

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/09/2021		Time of Crash 16:14 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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>NORTH</div><div>ALBEMARLE RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WATERTOWN ST</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 N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000925							
License # --- St MA DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator JACKSON TYRELL Address 90 MIDDLESEX RD (apt. 5) City WALTHAM State MA Zip 02452 Insurance Company NATL UNION FIRE Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # BU43123 Reg Type BUN Reg State MA Veh Year 2020 Veh Make THMS Veh Config. 4 20 Owner BUS COMPANY EASTERN Address BX 514 City SOMERVILLE State MA Zip 02143 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totalled									
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				1 4 99 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 XX DOB/Age --- Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator ALVES MARTINS NELMA Address 32 CROSS ST City NEWTON State MA Zip 02465 Insurance Company CITIZENS Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) T2012957 Violation 1: Ch 90/10/A Sec Violation 2: Ch 19/74 Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 1HWM96 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 2 20 Owner LEAL DAYANNE Address 32 CROSS ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 3 24 19 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totalled									
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Operator/Non-Motorist See Above				1 4 99 0 0 10 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Watertown St

Albermarle Rd

MV1

MV2

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:**

MV1 stated he was attempting to turn left from Watertown St onto Albermarle Rd when the drivers side rear end of his bus made contact with the drivers side of MV2 causing minor damage. Operator of MV1 stated he saw MV2 "stop at the yellow light, I looked around to make sure it was safe to go and then when I went forward, I saw she had now moved out in to the middle of the intersection and was stopped blocking traffic".

MV2 stated she was travelling straight when she was struck by MV1 causing minor damage. Operator of MV2 was cited for Unlicensed Operation as well as causing gridlock.

No injuries reported and no tows required. Digital images of the scene were turned ove to the IT Bureau.

**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

**GREGORY P HELMS**      **NEWTON POLICE DEPTA**      **11/09/2021**

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

CDP1 11 -24:00