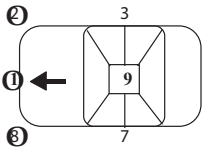
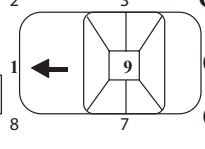


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 11/10/2021		Time of Crash 16:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 2		Speed Limit 35 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
<div><div>EAST</div><div>COMMONWEALTH AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>WATER 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 2100000931							
License # --- St MA DOB/Age ---				Reg # 7FR47 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2015 Veh Make NISS Veh Config. 1 20											
Operator BRISSETT KAYLA L				Owner (Same as operator)											
Address 32 GERARD DR				Address											
City FITCHBURG State MA Zip 01420				City State Zip											
Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2											
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 5 24 24				11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
Please fill out for operator and all occupants involved				13											
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											
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 2KRZ13 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2017 Veh Make TOYT Veh Config. 1 20											
Operator TOBIN WILLIAM JOSEPH				Owner GLENNON ANN											
Address 260 COMMONWEALTH AVE				Address 260 COMMONWEALTH AVE											
City NEWTON State MA Zip 02467				City NEWTON State MA Zip 02467											
Insurance Company AMICA MUTUAL INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2											
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage							
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24				11 Totaled							
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed N											
Please fill out for operator and all occupants involved				13											
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/Non-Motorist See Above				1											
TOBIN, KATIE, ANNE 260 COMMONWEALTH AVE NEWTON, MA 02467				1											

Crash Narrative:

On November 10, 2021, at 16:56 hours, Officer Guarino and I, Officer Joyce were dispatched to Commonwealth Ave & Water St for a motor vehicle accident.

When we arrived we observed a 2 vehicle crash. MV1, operated by Kayla Brissett struck MV2, operated by William Tobin from behind. Mr. Tobin said he stopped when he saw the car in front of him turning left on to the carriage way. Ms. Brissett said she saw MV2 stop and tried to apply the brakes but could not stop on time.

Ms. Brissett was transported to Newton Wellesley Hospital by Fallon Ambulance Service. Mr. Tobin was also transported to Newton Wellesley Hospital by Fallon Ambulance Service. MV1 was towed by Tody's.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

KEVIN JOYCE			NEWTON POLICE DEPT.		11/10/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP11 11:24:00					