

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/19/2021	Time of Crash 11:55 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
EAST NAHANTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ SOUTH WELLS AVE 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 [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N S E W] of _____ Landmark _____										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000960				
License # _____ St RI DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GRIFFIN ROBERT Address 30 BIRCHWOOD DR City BRISTOL State RI Zip 02809 Insurance Company AMICA			Reg # 137518 Reg Type COMBINATI Reg State RI Veh Year 2020 Veh Make CHEVY Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved			13										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above ----- --- 1 4 99 0 0 10 1										
MEEHAN, ELIZABETH 30 BIRCHWOOD DR 02809, RI 02809			--- --- F 3 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 MA DOB/Age _____ Sex M Lic. Class B 18 18 Lic. Restrictions M 19 CDL _____ Operator WOODACRE DOUGLAS Address 98 BROOK ST City WELLESLEY State MA Zip 02482 Insurance Company AMICA MUTUAL INS			Reg # S22648 Reg Type CON Reg State MA Veh Year 2017 Veh Make FRHT Veh Config. 7 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ 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 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved			13										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above ----- --- 99 4 99 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WELLS AVE

NAHANTON ST

NOT TO SCALE

BRIEFLY BECOMES ONE LANE TRAFFIC

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 Friday 11/19/2021 at approx 1155hrs, while assigned to N-498, I responded to the intersection of Wells Ave and Nahanton St for a 2 MV accident. Upon arrival, both vehicles involved were pulled over in the right turn lane facing EB on Nahanton St just before the traffic lights. I observed minor damage to the rear driver side of MV1 and front passenger side damage to MV2's bumper. It should be noted that MV2's front bumper appeared to have been pulled forward.

Operator of MV1 states that MV2 was behind him prior to the accident. He said that his vehicle was struck by MV2 as he was merging into the right turn lane. MV1 said that he observed the operator of MV2 touching MV2's front bumper prior to my arrival.

Operator of MV2 states that he was in the left lane and in front of MV1 prior to the accident. He said that

(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 # S22648 (From Vehicle Section)

Carrier Name WOODACRE FUEL Carrier Issuing Authority Code 35

Address 154 EAST CENTRAL ST City NATICK St MA Zip 01760

US DOT #: _____ State Number _____ Issuing State MASSA ICC #: _____ Interstate 99 ³⁶

Cargo Body Type Code 6 ³⁷ Gross Vehicle Weight 3 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

KEVIN DURICKAS NEWTON POLICE DEPTA 11/20/2021

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:

before Nahanton St briefly merged into one lane, MV1 came from his right side and cut in front of him.
Operator of MV2 believes that is when contact was made. Operator of MV2 states that he intended to stay in
his lane and go straight through the intersection as his destination was in Brookline and had no deliveries
on Wells Ave.
No parties reported injuries.

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

KEVIN DURICKAS

NEWTON POLICE DEPART

11/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date