

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/21/2021	Time of Crash 07:56 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 2	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:				9
Route# Direction Name of Roadway/Street At			NORTH 573 CENTRE ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ or _____ Mile Marker Exit Number				10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				Feet N S E W of _____ Landmark				11
Route# Direction Name of Intersecting Roadway/Street											3
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000965		
License # --- St MA DOB/Age ---			Reg # 9YH939 Reg Type PAN Reg State MA			Veh Year 1998 Veh Make FORD F150 Veh Config. 2 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsment			Operator JARA-CASTRO PETER J Last First Middle			Owner (Same as operator) Last First Middle			Address _____		12
Address 108 NORFOLK ST			City DORCHESTER State MA Zip 02145			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GOVT EMPLOYEES			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 20 22 35 22 21 22			10 Undercarriage		
Citation # (If Issued) T1444076			Violation 1: Ch 90/184 Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 2 23			5 1 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 10 24 24			Underride/Override 25 Towed Y					
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								13
Operator			See Above			99 1 99 0 0 8 1					2
HERNANDEZJUAN			M 3 99 1 99 0 0 8 1								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age _____			Reg # 6BH268 Reg Type PAN Reg State MA			Veh Year 2007 Veh Make NISSAN Veh Config. 1 20					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsment			Operator _____ Last First Middle			Owner BLECKERT ADAM Last First Middle			Address 573 CENTRE STT		
Address _____			City NEWTON State MA Zip 02458			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GOVT. EMPLOYEES			Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			5 11 Totaled		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y					
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/Non-Motorist			See Above			-----					

→ 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:

On November 21st, 2021 at approximately 07:56 hours while working N491 I along with Officer Mike Boudreau responded with NFD and Medic One to a report of a MV crash with injuries in the area of Centre St @ Franklin St.

On my arrival the Medics were evaluating two adult males who standing outside one of the involved vehicle from this crash.

There appeared to be several involved vehicles to this crash however two of them had been parked prior to the crash.

The vehicle which the two unidentified males were standing by was MA reg. 9HY939, a 1988 Black Ford F150 PU, listed registered owner was a Peter J. Jara-Castro, #28 Ridge Ave, Lynn Ma. Mr Castro was one of the two

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WALSH, MICHAEL,	,	----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
BLECKERT, ADAM, A	573 CENTRE ST NEWTON, MASSACHUSETTS 0		97	WALL, SHRUBS, TREES VEHICLE
KRISHNAMACHARI, SRI,	559 CENTRE ST NEWTON, MASSACHUSETTS 0	617-303-6149	97	WOODEN FENCE

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

THOMAS J MCCARTHY NEWTON POLICE DEPART 11/21/2021

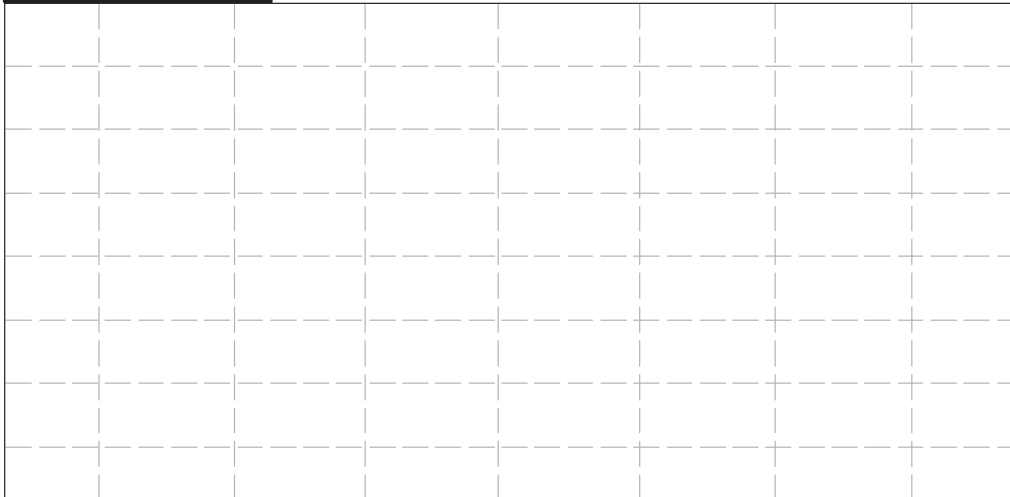
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

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:

males standing by that truck.

The above vehicle appeared to have been travelling N/B on Centre St when it skidded off the road, jumping the curb striking a 1 foot slate retaining wall to the property to #573 Centre St. It continued onto that property driving over shrubs, small trees, then onto the driveway(same address) which is actually on Newtonville Ave, hitting the homeowners 2007 Nissan Versa, Ma reg. 6BH269, forcing it into more shrubbery. The Truck continued across Newtonville Ave where it struck another parked vehicle, a Grey 2019 Volkswagon, Ma reg. 1NFC27 on the rear passenger side pushing it forward. The truck finally came to a stop after driving into a wooden fence to the property of #559 Centre St. (Fence is on Newtonville Ave.)

I spoke with the owner of the truck after he was evaluated by the Medics, who spoke limited English. The

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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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

11/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

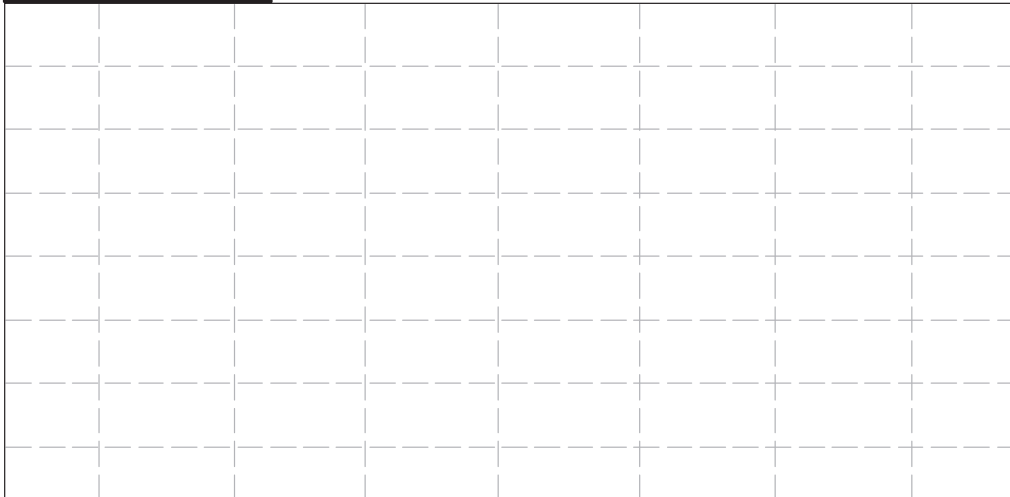
Precinct/Barracks

Date

→ 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:

Vehicle #1 and vehicle #2 were towed from scene. Both sustained heavy damage. Vehicle #3 sustained minor damage I was unable to make contact with that owner at this time.

However later in the day I was able to make contact with owner of vehicle #3. She was given all vehicle #1 information along with his insurance.

A citation for speeding was later issued after investigation was completed and witness statement.

Citation#t1444076 was later sent VIA mail.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPT

11/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date