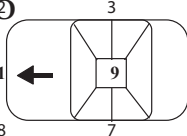
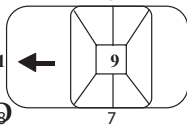


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/21/2021	Time of Crash 14:16 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>WEST BOYLSTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH QUINOBEGUIN RD</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>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>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000967			
License # --- St MA DOB/Age ---			Reg # 9XA116 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2014 Veh Make HONDA Veh Config. 2 20							
Operator SMYTHE GRETCHEN CAMPBELL			Owner (Same as operator)							
Address 362 COMMONWEALTH AVE (apt. 4A)			Address							
City BOSTON State MA Zip 02115			City State Zip							
Insurance Company GARRISON PROPERTY & CASUALTY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22							
Citation # (If Issued)			Most Harmful Event 1 23		10 Undercarriage 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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			-----							
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 # 832XFV Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL			Veh Year 2021 Veh Make MAZDA Veh Config. 2 20							
Operator GILBERT NICHOLAS RAFTI			Owner (Same as operator)							
Address 20 ROCKRIDGE RD			Address							
City NATICK State MA Zip 01760			City State Zip							
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22							
Citation # (If Issued)			Most Harmful Event 1 23		10 Undercarriage 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 3 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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			-----							
DOMINGUEZ, JULIAN 8 W HILL PK NATICK, MA 01760			----- M 3 99							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Quinobequin Rd

Boylston St

MV#2

MV#1

← N →

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:

The operator of MV#1 stated she was stopped at the stop sign on Boylston St off ramp (Westbound) at the intersection of Quinobequin Rd and proceeded to travel westbound when she was struck by MV#2. MV#1 sustained moderate damages to its front passenger side. There were no reported injuries to the operator of MV#1 or her dog.

The operator of MV#2 stated he was travelling southbound on Quinobequin Rd and did not see the stop sign at the intersection of Boylston St and struck MV#1. MV#2 sustained moderate damages to its front driver's side. There were no reported injuries to the operator of MV#2 or its front passenger.

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