

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | |
|---|--------------------------------|---------------------|--|--|--|---|---|---------------------|--|--|----|
| Date of Crash 11/22/2021 | Time of Crash 09:07 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: | | | | 9 |
| Route# Direction Name of Roadway/Street At | | | SOUTH 32 BRAE BURN RD | | | | Route# Direction Address # Name of Roadway/Street | | | | 10 |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Mile Marker Exit Number | | | | Feet N S E W of | | | | 11 |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of | | | | Route# Intersecting Roadway/Street | | | | 5 |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 0 #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 210000972 | | |
| License # St DOB/Age | | | Reg # P82114 | | | Reg Type PAN | | | Reg State MA | | |
| Sex Lic. Class 18 18 Lic. Restrictions 19 CDL | | | Veh Year 2019 | | | Veh Make MERZ | | | Veh Config. 2 20 | | |
| Operator Last First Middle | | | Owner COMPANY INC A ROMANO | | | Last First Middle | | | | | 12 |
| Address | | | Address 66 AMELIA PL | | | | | | | | |
| City State Zip | | | City REVERE | | | State MA Zip 02151 | | | | | |
| Insurance Company GREEN MOUNTAIN INS | | | Vehicle Action Prior to Crash 11 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 | | | 2 3 4 | | | 10 Undercarriage | | |
| Citation # (If Issued) | | | Most Harmful Event 1 23 | | | 1 9 | | | 5 11 Totaled | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 1 24 24 | | | 8 7 6 | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | 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 | | | ----- | | | | | 2 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | |
| License # St MA DOB/Age | | | Reg # 10940 | | | Reg Type SPN | | | Reg State MA | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL | | | Veh Year 2019 | | | Veh Make FORD | | | Veh Config. 5 20 | | |
| Operator FLANNERY BRITTANY JOHANNA | | | Owner JSC TRANSPORTATI | | | Last First Middle | | | | | |
| Address 45 ORCHARD STREET | | | Address 224 CALVARY STREET | | | | | | | | |
| City RANDOLPH State MA Zip 02368 | | | City WALTHAM | | | State MA Zip 02452 | | | | | |
| Insurance Company NATIONAL INTERSTATE | | | Vehicle Action Prior to Crash 5 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: X S E W Responding to Emergency? N | | | Event Sequence 2 22 22 22 22 | | | 2 3 4 | | | 10 Undercarriage | | |
| Citation # (If Issued) 203510AB | | | Most Harmful Event 2 23 | | | 1 9 | | | 5 11 Totaled | | |
| Violation 1: Ch 19/75 Sec Violation 2: Ch Sec | | | Driver Contributing Code 4 24 24 | | | 8 7 6 | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | 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 | | | ----- | | | | | |
| ARCHIBALD, DAVINE | | | 154 HERRICK ROAD (apt A) NEWTON, MA 02459 | | | ----- F | | | 1 4 99 0 0 10 1 N/A | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

→ 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 either side of the driveway where her pick up was. Ms. Flannery stated she pulled off the street and tried to park in between the two work vehicles on either side of the driveway. Ms. Flannery stated as she attempted to do this, the back passenger side of her van clipped the back passenger side of the van parked to her right. Ms. Flannery stated she asked the 1 passenger on the van, Davine Archibald, if she was ok. Ms. Flannery stated Davine stated she was.

Ms. Flannery stated she exited the vehicle and checked the damage. Ms. Flannery reported the damage to the van as a scrape and scratch on the rear passenger side. Ms. Flannery stated she continued with her pick up at 22 Brae Burn Road and told the resident there she was going to contact the company that owns the van later. Ms. Flannery then left the area. Ms. Flannery stated she dropped the students off at the Newton

(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 # _____ (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

GEORGE M CLAFLIN

NEWTON POLICE DEPT.

11/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

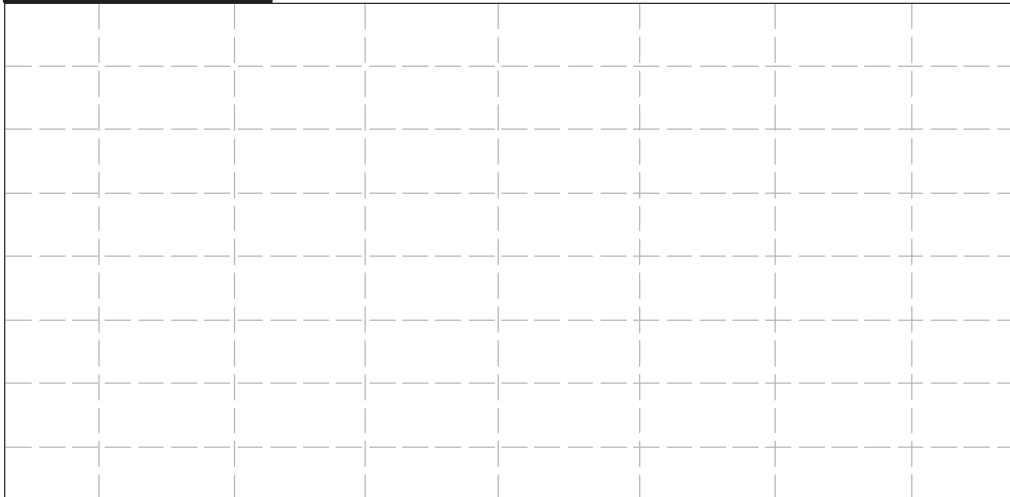
Precinct/Barracks

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:

Early Education Center on Jackson Road.

I asked Ms. Flannery why she did not contact the Newton Police Department to report the crash and help her exchange information with the parked vehicle she hit. Ms. Flannery stated she did not know she had to because the vehicle was unoccupied. Ms. Flannery was advised that she needs to report being involved in a collision, especially when transporting children for JSC Transportation.

Ms. Flannery will be cited with Massachusetts Uniform Citation 203510AB for Newton City Ordinance Chapter 19, Section 75 (Fail To Use Care). Brae Burn Road is a public way maintained by the City of Newton.

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

GEORGE M CLAFLIN

NEWTON POLICE DEPART

11/22/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date