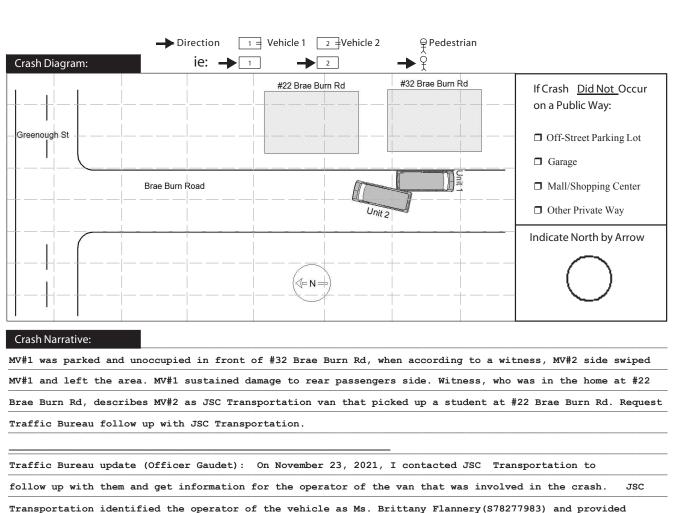
	Poli	ice Use Only		Commonwea	lth o	f Massa	achu	setts			RMV	Docur	nent Number	
	Date of Crash 11/22/2021	Time of Crash 09:07 24HR	City/To NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2	Numb Injure 0	d Latit	d Limit tude gitude_		State Police Local Police MBTA Police Other:	XI XI
			RSECTION:		LOCAT		>						CTION:	\neg \vdash
						SOUTH	32		BRAE	BURN I	RD			1
1 1	Route# Direc	tion		Roadway/Street	I	Route# Direction	on Add	ress #		Nai	me of R	oadway	/Street	
_				At	Feet NSEW of or							_ _		
	Route# Direc	etion N		ng Roadway/Street		Fact [delele		Mile	Marker			Exit Number	
			Also at Inter	rsection with	-		N S E V	_	Route	# <u>I</u>	ntersect	ing Roa	dway/Street	5
² 3	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Feet	N S E V	v of			· ·	1 1		5
3	[V]v ₂ ,1,2,1,1	0. #0	V III (P								Lan	dmark		\neg
2	Venicie	#Occupants	X Hit/Run	Moped Case	Number		210	0000972						
	License#	18 1	St	DOB/Age	Reg#_					ype_PAN			State MA	_
	Sex Lic.		Lic. Restriction			ear_2019						Veh Co	nfig. 2	
4 1	ll .	Last		Middle		COMPANY I		A ROM	First			Middle		- 1
						s 66 AMELIA	P'L					344		-
				ateZip		EVERE		21					Zip <u>02151</u>	_
5	1	npany GREEN M				Action Prior to		11 21	22 2	_	a Area (Code: (C	Circle Up to Thi	ree)
				oonding to Emergency? N		sequence 1	23	22			Ň	$\overline{\mathcal{I}}$	10 Undercar	riage
	`	ssued)				Iarmful Event	1	24	24	←	9		5 11 Totaled	nage
⁶ 2]			1 2: ChSec		Contributing Co	ode 1				7		6	
2		Violation 3: ChSecViolation 4: ChSec Please fill out for operator and all occupants involved			Underride/Override									
	Name (Last Fir			Address		Age/DOB	Sex Po	at Safety s. System	Airbag Air Status Sw	oag Eject tch Code	Trap I Code S	njury Tra Status Co	ansp. ode Medical Facil	1 2
	Operator			See Above										
7 1	Please Select C of the Followi	I A Venicle	2 <u>2</u> #Occupan	ts Non-Motorist A Typ	pe 1	4 Action 1	5 Locat	ion	Cone	dition	17	Х ні	t/Run Mor	ped
	License#		St M		Reg # 10940 Reg Type_SPN					Reg	Reg State MA			
	Sex_F_ Lic.	Class D 18 1	Lic. Restriction		Veh Ye	ear_2019	Veh	Make_FO	RD			Veh Co	nfig. 5	
⁸ 1	Operator FLA	Last	BRITTANY	Endorsment JOHANNA Middle		JSC TRANSP	t		First			Middle		_
	Address 45 Ol	RCHARD STRE	ET		Addres	224 CALVAI	RY STREI	ET						_
	City RANDOLPH State MA Zip 02368				City WALTHAM State MA Zip 02452						_			
	Insurance Com	npany NATIONA	L INTERSTATI	<u> </u>	Vehicle Action Prior to Crash 5 Damaged Area Code: (Circle Up					*	ree)			
	Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) 203510AB			Most Harmful Event 2 23 10 Undercarriage 5 11 Totaled										
										nage				
Violation 1: Ch_19/75_SecV				on 2: ChSec	Driver Contributing Code 4 24 24 7 6									
	Violation 3: ChSecViolation 4: ChSec				Underr	ide/Override	25	Towed	<u> </u>	00 20	/	22		
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB	Sex P	26 27 at Safety os. System	Airbag Air Status Sv	29 30 Eject citch Cod	31 Trap I Code		33 ansp. code Medical Fac	ility
	Operator/	Non-Motorist		See Above				1	4 99	0	0	10 1	N/A	
	ARCHIBALD,	DAVINE	I	HERRICK ROAD (apt A) WTON, MA 02459			F					10 1	N/A	



Transportation identified the operator of the vehicle as Ms. Brittany Flannery(S78277983) and provided me with her contact information. I also asked for information on the student that was on the vehicle at the (Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	22 BRAE BURN RD		
MATVEICEVA, MARINA,	NEWTON,MA 02465		Y

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

Truck and Bus Information:	egistration #	(From Vehic	le Section)		
Carrier Name				_ Carrier Issui	ing Authority Code
Address		City		St	Zip
	Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross Vehic	cle Weight 38			39	
Trailer Reg #: R	eg Type Reg State	Reg Year	Trailer Leng	th	
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

GEORGE M CLAFLIN 11/22/2021 NEWTON POLICE DEPARTM Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

	Direction 1	■ Vehicle 1 2	2 ≢Vehicle 2	Pedestr	ian
Crash Diagram:	ie: → 🗆	→ 2	→	₽	
					If Crash <u>Did Not</u> Occur on a Public Way:
		<u> </u>			☐ Off-Street Parking Lot
	į	į į		į	☐ Mall/Shopping Center
		-			Other Private Way
		į į			Indicate North by Arrow
Crash Narrative:					
time of the crash, Davin	e Archibald. JSC	Transportati	on stated they	did not	realize this was the student on
the van at the time of t	he crash. They	immediately o	contact Davine'	s mother	, Beula Effion to make her aware
of the crash.					
I also contacted Ms. Eff	ion to make her	aware of the	crash. Ms. Ef	fion sta	ted she received a call from JSC
Transportation and that	she is ok with e	verything. M	s. Effion stat	ed she d	oes not believe Davine was
injured. Ms. Effion was	advised.				
I spoke with Ms. Flanner	y about the cras	h. Ms. Flann	nery stated she	was ope	rating the JSC Transportation van
(2019 Ford Transit, MA S	PN: SP10940) inv	olved in the	crash. Ms. Fl	annery s	tated she was on her way to
a pick up and was comin	g down Brae Burn	Road. Ms. F	Clannery stated	l there w	ere a couple of work vans parked
(Continued	on next page)				
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statemer
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property
				7.	
Truck and Bus Information:	Registration #		(From Vehi	icle Section)	3
Carrier Name					Carrier Issuing Authority Code
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	Tra	ailer Length
Hazmat Information:					
Placard 40 Material 1 dig	git # 41 Material N	Name		Material 4	digit # Release code 42
					11/22/2021

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

-	→ Direction	1 = Vehicle 1	2 =Vehicle 2	Pedestri	ian	
Crash Diagram:	ie: →□	1 -	2	₽ Ŷ		
	 			 		ash <u>Did Not</u> Occur Public Way:
		<u> </u>				ff-Street Parking Lot
					 _	arage
		j		į	□ M	Iall/Shopping Center
		- + 				ther Private Way
				+	Indica	ate North by Arrow
Crash Narrative:						
on either side of the dri	veway where her	r pick up was	. Ms. Flannery	y stated :	she pulled off	the street and
tried to park in between	the two work ve	ehicles on ei	ther side of th	ne drivewa	ay. Ms. Flanne	ry stated as she
attempted to do this, the	back passenger	r side of her	van clipped th	ne back pa	assenger side o	f the van parked to
her right. Ms. Flannery	stated she aske	ed the 1 passe	enger on the va	an, Davine	e Archibald, if	she was ok. Ms.
Flannery stated Davine st	ated she was.					
Ms. Flannery stated she e	xited the vehice	cle and checke	ed the damage.	Ms. Flan	nnery reported	the damage to the
van as a scrape and scrat	ch on the rear	passenger sid	de. Ms. Flanne	ery state	d she continued	with her pick up
at 22 Brae Burn Road and	told the reside	ent there she	was going to	contact tl	ne company that	owns the van
later. Ms. Flannery then	left the area.	. Ms. Flanne	ry stated she	dropped	the students of	f at the Newton
(Continued	on next page)					
Witnesses:		1				
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damag	ed Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name					Carrier Issui	ng Authority Code
Address			City		St	
US DOT#:	_ State Number		Issuing State	ICC #:		_ Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length 39	
Hazmat Information: Placard 40 Material 1 digit	# 41 Material I	Name		_ Material 4 d	ligit #	Release code 42
GEORGE M CLAFLIN			NIETATI	ON POLICE DEPARTM		11/22/2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

_	Direction 1	Vehicle 1	₂ =Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: → 1	→	2	Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parkin	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
				+	. — — —	
					Other Private Wa	у
					Indicate North by A	Arrow
		 				
		 		+	\	
Crash Narrative:						
Early Education Center on	Jackson Road.					
I asked Ms. Flannery why s	he did not con	tact the Newt	on Police Depa	rtment to	o report the crash and hel	p her
exchange information with	the parked veh	icle she hit.	Ms. Flannery	stated s	she did not know she had t	.0
because the vehicle was un	occupied. Ms.	Flannery was	advised that	she needs	s to report being involved	in a
collision, especially when	transporting	children for	JSC Transporta	tion.		
Ms. Flannery will be cited	with Massachu	setts Uniform	Citation 2035	10AB for	Newton City Ordinance Cha	pter 19,
Section 75 (Fail To Use Ca	re). Brae Bur	n Road is a p	oublic way main	tained by	y 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 Vehi	,		35
Carrier Name					Carrier Issuing Authority Coo	de
Address			City		St Zip	
US DOT #:	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	iler Length	
Hazmat Information:						
Placard 40 Material 1 digit #	# 41 Material N	Jame		Material 4 d	ligit# Release code	42
GEORGE M CLAFLIN					11/22/2	

ID/Badge #

Signature

Department

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)