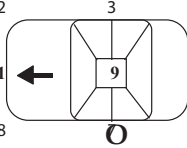
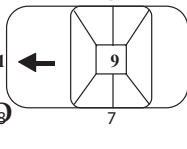


Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/06/2021		Time of Crash 12:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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				EAST 2102 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2	10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with														
Route# Direction Name of Intersecting Roadway/Street													11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100001020			5	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator PETITTI MARISA Address 160 PINE ST (apt. 3) City NEWTON State MA Zip 02465 Insurance Company PLYMOUTH ROCK				Reg # 96DF82 Reg Type PAS Reg State MA Veh Year 2011 Veh Make TOYT Veh Config. 2 20 Owner PETITTI CHERYL Address 160 (apt. 3) PINE ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								12		
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled										
Please fill out for operator and all occupants involved												13		
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												1		
Operator See Above														
7				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		1
				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Operator CARUSO JUAN Address 28 UPHAM ST City NEWTON State MA Zip 02465 Insurance Company NATIONAL CONTINENTAL				Reg # M72904 Reg Type CON Reg State MA Veh Year 1996 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 7 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 24 Underride/Override 25 Towed Y								13		
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T1448061 Violation 1: Ch 19/143 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled										
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:**

Witnesses at the scene informed me that MV#1 was traveling west on Commonwealth Ave in the area of #2102 when MV#2, who was traveling east on Commonwealth Ave in the same area crossed the yellow line and crashed into MV#1.

The operator of MV#1 was upset and sitting in MV#1 when I interviewed her and only stated that her left hip hurt. Operator #1 refused medical treatment at that time and wanted to wait for her mother to arrive before making any decisions.

The operator of MV#2 stated that he was traveling east on Commonwealth Ave in the area of #2102 in the left hand lane when a pedestrian appeared in the roadway. According to operator #2, he cut his steering wheel to the left to avoid the pedestrian and struck MV#1.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
ELISHA, PATRICK, A	18 (apt 1R) SUMMER ST SALEM, MA	-----	Y
MCKENNA, NANCY,	876 WATERTOWN ST NEWTON, MA 02465	-----	Y

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

GEORGE M CLAFLIN

NEWTON POLICE DEPT.

12/06/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



