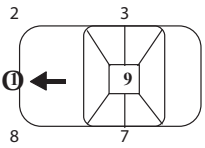
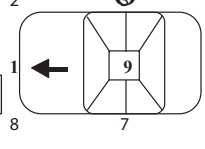


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 12/06/2021	Time of Crash 18:42 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
NORTH CHESTNUT ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ EAST HIGHLAND ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100001024					
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CICCARONE KATERINA Address 68 LOMBARD ST City NEWTON State MA Zip 02458 Insurance Company COMMERCE			Reg # 69DK58 Reg Type PAN Reg State MA Veh Year 2012 Veh Make AUDI Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- --- 1 4 4 0 0 10 1									
CICCARONE, ALEX 68 LOMBARD ST NEWTON, MA 02458 --- M 4 4 4 4 0 0 10 1												
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 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator STERN BENJAMIN Address 30 BARTLETT TER City NEWTON State MA Zip 02459 Insurance Company LM GENERAL INSURANCE			Reg # 2L Reg Type MCN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 3 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- --- 5 4 99 2 0 9 1									

→ 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:

Motorcyclist, Benjamin Stern, stated that he was traveling EASTBOUND when a motor vehicle struck him on his right side. He was stopped at the stop sign (4-way) and waited for his turn to go. When he felt it was safe to proceed, he entered the intersection. MV1, Katerina Ciccarone, stated she was traveling NORTHBOUND on Chestnut St, stopped at the stop sign and proceeded into the intersection when she felt it was safe to do so. She did not see the motorcyclist and the motorcyclist did not see her. MV1 had a juvenile passenger in the backseat behind the driver's seat belted in his child safety seat. No injuries were reported and STERN signed a refusal with the medics as he suffered from a nose bleed. STERN was wearing his helmet at the time of the crash. The motorcycle was towed by Tody's as there was heavy right side damage. MV1 was driveable and there was light front end damage.

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
HALL, SARA,	25 CRAFTS ST WALTHAM, MA 02453	-----	Y
YERARDI, FRANCIS, M	15 OAK AVE W 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

CHRISTOPHER PERRY NEWTON POLICE DEPT 12/07/2021

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

CDP1 11 -24-00