

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 01/27/2022		Time of Crash 07:42 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		
EAST BOYLSTON ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____										
NORTH CHESTNUT ST														
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number										
Also at Intersection with				Feet N S E W of _____								11		
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								5		
				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000077						
License # --- St RI DOB/Age ---				Reg # T40813 Reg Type CON Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make HINO Veh Config. 6 20										
Operator FERNANDEZ ALBERT A				Owner RYDER TRUCK REN									12	
Address 650 FAIRMOUNT ST (apt. 1)				Address 329 JEFFERSON RD										
City WOONSOCKET State RI Zip 02895				City ROCHESTER State NY Zip 14623										
Insurance Company ACE AMERICAN INSURANCE				Vehicle Action Prior to Crash 4 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				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6						
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				----- --- 1 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 ---				Reg # 1ZAK94 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make HYUNDAI Veh Config. 2 20										
Operator LOUISSANT CARMELLE K				Owner (Same as operator)										
Address 14 HODGES AVE (apt. 1)				Address _____										
City TAUNTON State MA Zip 02780				City _____ State _____ Zip _____										
Insurance Company GEICO				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6 7 6						
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				----- --- 1 4 4 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☺ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

ROUTE 9 EASTBOUND OVERPASS

BOYLSTON ST

1ZAK94

1ZAK94

40813

937 CHESTNUT ST

942 CHESTNUT ST

40813

CHESTNUT ST

NOT TO SCALE

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 Thursday 1/27/22 at approximately 0742 hours while assigned to marked unit n498 I was dispatched to the intersection of Boylston Street and Chestnut Street for a report of a minor motor vehicle crash with no injuries.

Upon arrival I spoke with the operator, LOUISSANT Carmelle, of motor vehicle #2 (ma reg 1ZAK94).

LOUISSANT states she was stopped at the stop sign on Boylston Street at the intersection of Chestnut Street preparing to take a left turn onto Chestnut Street. LOUISSANT states before moving a large box truck was turning left onto Boylston Street westbound and the rear of the box truck crossed into her lane of travel striking the front drivers side of her vehicle.

After speaking with LOUISSANT I spoke with the operator, FERNANDEZ Albert, of motor vehicle #1 (ma

(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

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

ALAN JR RICHARD SOLOMAN. NEWTON POLICE DEPT 01/27/2022

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

CDP1 11 -24-00

