

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 02/01/2022		Time of Crash 14:45 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 1025 WALNUT ST Route# Direction Address # Name of Roadway/Street				2				10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____				11				2			
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000091									
License # --- St MA DOB/Age ---				Reg # 104232 Reg Type SPN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make DODGE Veh Config. 2 20											
Operator MORESCO GARY J				Owner JSC TRANSPORTATI SERVICES INC											
Address 40 LAKEVIEW TERRACE				Address 880 MAIN ST FL 3											
City ASHLAND State MA Zip 01721				City WALTHAM State MA Zip 02451											
Insurance Company NATIONAL INTERSTATE INSURANCE COMPANY				Vehicle Action Prior to Crash 1 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											
Citation # (If Issued) _____				Most Harmful Event 1 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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 See Above				1 4 99 0 0 10 1											
MANTHEL, CHRISTOPHER 19 COLUMBUS ST NEWTON, MA 02461				M											
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
License # --- St MA DOB/Age ---				Reg # 3EB379 Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20											
Operator SLOBODIN LYNN R				Owner (Same as operator)											
Address 61 WASHBURN AVE				Address _____											
City NEWTON State MA Zip 02466				City _____ State _____ Zip _____											
Insurance Company ARBELLA MUTUAL INSURANCE				Vehicle Action Prior to Crash 2 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											
Citation # (If Issued) _____				Most Harmful Event 1 23											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N											
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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 99 0 0 10 1											
HASS, JULIA 61 WASHBURN AVE NEWTON, MA 02466				F 3 1 4 99 0 0 10 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:

Vehicle # 2 then started moving and suddenly came to a stop again. He was then not able to stop in time. He then struck the rear end of Vehicle # 2 causing front end damage to the entire length of the car which included the bumper, grille, and hood area. Mr. Moresco reported no injuries along with the student (Manthei). Manthei was checked out by Fallon Ambulance personnel and his mother signed a patient refusal on his behalf. The mother, Jennifer Manthei, then took her son home.

Operator of Vehicle # 2 was identified as Lynn Slobodin (MA D/L # S98417005). She was operating a gray 2015 Toyota Rav4 bearing MA reg. # 3EB379. A passenger with her who was sitting in the front passenger seat was identified as Julia Hass. I asked Ms. Slodobin what had occurred and she stated that she was traveling westbound on Walnut Street and a vehicle in front of her suddenly stopped. She then stopped her vehicle and

(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

JEREMY L WILSON

25227

NEWTON POLICE DEPART

02/01/2022

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:



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☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

that is when she was rear ended by the Dodge. Her Toyota sustained rear end damage to the trunk and entire bumper area. Ms. Slobodin complained of head and neck pain along with pain on the top of her right thigh. Ms. Hass complained of head and neck pain also. Both were checked out by Fallon Ambulance personnel and they signed patient refusals.

While investigating the crash, Ofc. Colella stated to me that a witness approached him identified as Brenda Noel. Ms. Noel resides at the crash location. She stated to Ofc. Colella that once she heard the crash she came out and saw the operator of the Dodge Grand Caravan on his phone. She says that he was holding the phone up to his head with his right hand. I then asked Mr. Moresco (Dodge operator) if he was on his phone prior to the crash and he replied that he was not. He then showed me his call log after asking for it

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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

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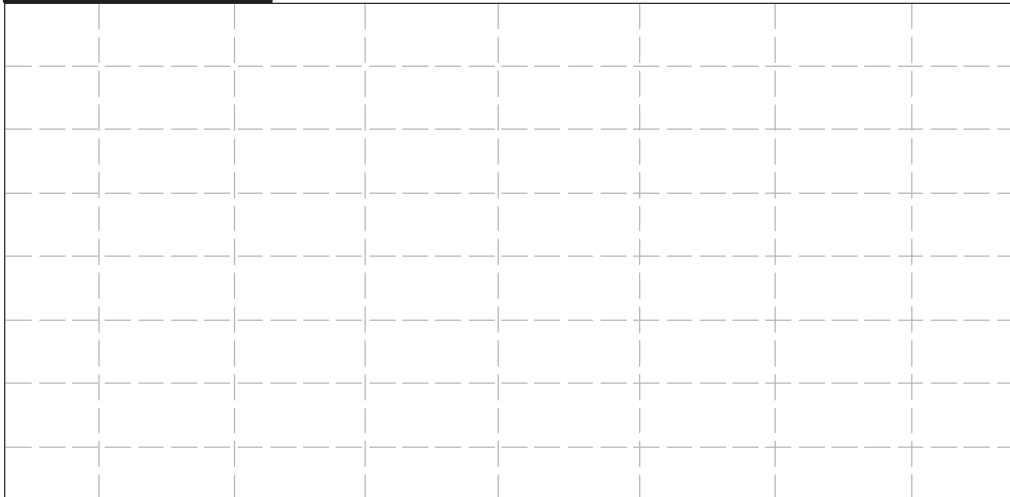
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

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Indicate North by Arrow



#### Crash Narrative:

and it showed only one entry at 14:53 hours. He states he was reporting the accident to his employer at that time. There were no other entries in his call log.

Next, I looked at the front of Mrs. Noel's residence and observed a camera to the right of her doorway. I then knocked on her door and inquired about possible footage of the crash and she stated only her husband knows how to work the system. I then asked her again what she had seen. She states that once she heard the crash take place she saw the operator of the Dodge holding up his right hand to his head. She stated that she never saw an actual phone. I then gave her my information to call me regarding possible footage. She then called back later and stated that the camera does not show anything.

Photos taken of the scene and submitted to the I.T. Bureau.

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