

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 02/12/2022		Time of Crash 00:03 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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				
WEST COMMONWEALTH AVENUE												2				
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10				
NORTH ASH STREET				Feet N S E W of _____ or _____ Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11				
Route# Direction Name of Intersecting Roadway/Street				Landmark								1				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000136										
License # --- St MA DOB/Age ---				Reg # 75RB52 Reg Type PAN Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make FORD Veh Config. 1 20												
Operator EARLE ANTHONY				Owner (Same as operator)								12				
Address 31 LINCOLN STREET				Address _____												
City PLAINVILLE State MA Zip 02762				City _____ State _____ Zip _____												
Insurance Company SAFETY INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 27 22 22 22 22				10 Undercarriage								
Citation # (If Issued) T1448313				Most Harmful Event 27 23				5 11 Totaled								
Violation 1: Ch 90/24 Sec Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y												
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	27
Operator See Above				-----		---	---	99	3	99	0	0	8	2	NEWTON WELLESLEY H	
MATERIA, KERRY				42 QUEENSBORO NORWOOD, MA 02062		---	---	F					10	1		
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____												
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20												
Operator _____				Owner _____												
Address _____				Address _____												
City _____ State _____ Zip _____				City _____ State _____ Zip _____												
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E W Responding to Emergency? _____				Event Sequence 22 22 22 22				10 Undercarriage								
Citation # (If Issued) _____				Most Harmful Event 23				5 11 Totaled								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____												
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	
Operator/Non-Motorist See Above				-----		---	---									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

58 Ash Street

Commonwealth Avenue

Ash Street

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:

Officers were dispatched to the location of Commonwealth Avenue and Ash Street for a reported Motor Vehicle Accident. Officer Ciccone arrived on scene shortly before myself and stated there was no vehicle at this time at that location. Shortly after, I observed a red Ford Taurus traveling eastbound on Commonwealth Avenue turning onto Islington Road with a missing front bumper and airbags deployed (see incident #22005328). Operator of MV stated he was traveling westbound to a nearby hotel when he lost control of the vehicle and drove off the road. The MV sustained damage to the front of the vehicle and drove into the property of 58 Ash Street. The property had damage to the front lawn. All airbags were deployed. The Operator was taken to Newton Wellesley Hospital for injuries. The passenger had no injuries. The MV was towed by Tody's Service Inc.

(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
CITY OF NEWTON,,	58 ASH STREET NEWTON, MASSACHUSETTS 02		3	FRONT LAWN

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** **02/12/2022**

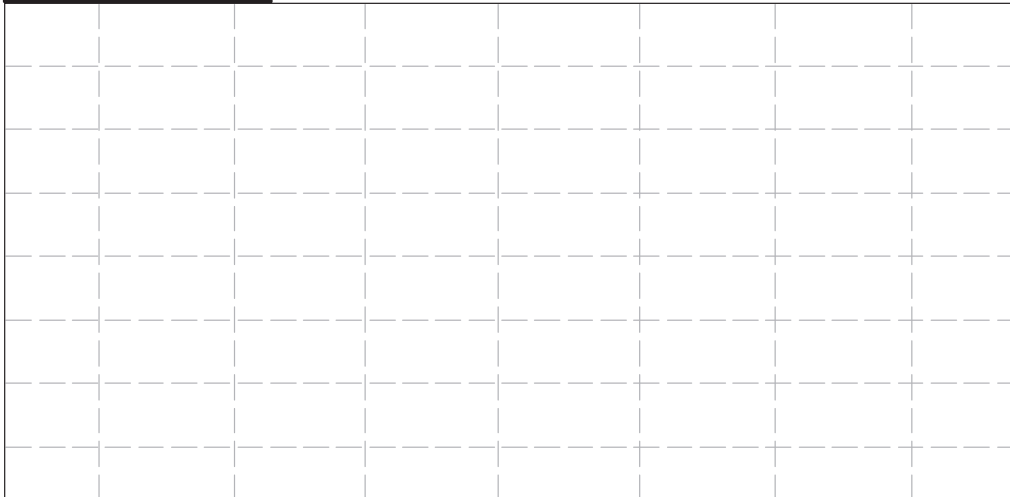
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

Due to the injuries I was unable to give the Operator (Anthony Earle) his Massachusetts Uniform Citation (T1448313) for leaving the scene of an accident (property damage) Chapter 90 Section 24. I handed the citation to his girlfriend Kerry Materia.

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

CHRISTOPHER PERRY

NEWTON POLICE DEPT.

02/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date