

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/13/2022		Time of Crash 18:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				NORTH 935 WALNUT ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				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								11	
3		<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000147				2	
4		1		License # --- St MA DOB/Age ---		Reg # 1ANK92		Reg Type PAN		Reg State MA		12	
4		1		Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2020		Veh Make FORD		Veh Config. 1 20			
4		1		Operator BISSANTI ALICIA		Owner MORLINO DIANE		M					
4		1		Address 933 WALNUT ST		Address 5/8 TREE TOP LN							
4		1		City NEWTON State MA Zip 02461		City KINGSTON State MA Zip 02364							
4		1		Insurance Company GEICO		Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
5		1		Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N		Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
5		1		Citation # (If Issued) _____		Most Harmful Event 1 23		1 24 24		11 Totalled			
5		1		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 1 24 24							
5		1		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed Y							
6		3		Please fill out for operator and all occupants involved								13	
6		3		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	
6		3		Operator See Above		---		---		1 4 4 0 0 10 1			
6		3		DELUCA, JOSEPH, L 933 WALNUT ST (apt A) NEWTON, MA		---		M 3 1 4 4 0 0 10 1					
6		3											
6		3											
7		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									
7		1		License # --- St DOB/Age ---		Reg # ---		Reg Type ---		Reg State ---			
7		1		Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year ---		Veh Make ---		Veh Config. 20			
7		1		Operator ---		Owner ---		---		---			
7		1		Address ---		Address ---		---		---			
7		1		City --- State --- Zip ---		City --- State --- Zip ---		---		---			
7		1		Insurance Company ---		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
7		1		Vehicle Travel Direction: N S E W Responding to Emergency? ---		Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
7		1		Citation # (If Issued) _____		Most Harmful Event 23		1 24 24		11 Totalled			
7		1		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 24 24							
7		1		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed ---							
8		1		Please fill out for operator and all occupants involved								13	
8		1		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	
8		1		Operator/Non-Motorist See Above		---		---		---			
8		1											
8		1											
8		1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

WALNUT STREET

MV1

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 Sunday 2/13/22 at approximately 1851 hours while assigned to marked unit n501 patrolling division n496 I was dispatched to the area of 935 Walnut Street.

Upon arrival I spoke with the passenger, DELUCA Joseph, who states he was the passenger in Ma Reg 1ANK92 and his girlfriend, BISSANTI Alicia, was the operator. They were travelling northbound on Walnut Street and approaching their home at 935 Walnut Street when BISSANTI activated her left turn signal and slowed to make a left turn into their driveway when they were struck in the rear by a white mini van. The white mini van did not stop and continued Northbound on Walnut Street. BISSANTI tried to catch up to the van and thought it turned into the parking lot of Dominos Pizza. They confronted a white male in the parking lot who was driving a white mini van, however the operator stated it was not him.

(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 02/13/2022

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

CDP1 11 -24:00

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Material Name _____ Material 4 digit # _____ Release code _____

CDP1 11 -24:00