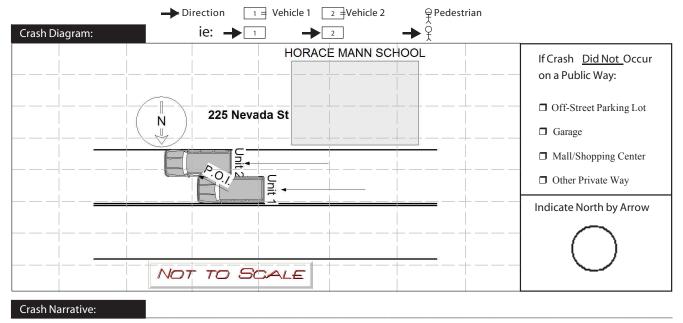
-		ce Use Only		1			of Mass		use	etts							ıt Number	
	Date of Crash 03/08/2022	Time of Crash 14:57	City/1	ſown			icle Cra	sh		mber hicles	Nun Inju			l Limit			tate Police ocal Police IBTA Police	
Ļ	09/09/2022	24HR					Report		2		0			itude_		O	ther:	e <u>u</u>
ļ		AT INTER	RSECTION:	:	< L	OCAT	TION	>			N	OT A	T I	INTE	ERSI	ECT	ION:	
							SOUTH	22	25		NEV	ADA	ST					
1	Route# Directi	ion	Name	of Roadway/Street	t	R	Route# Direction	on A	ddres	s #			Nan	ne of R	oadwa	ay/Stre	eet	
┨				At			Feet	N S F	W a	of –			_ •	(or			
-	Route# Direct	tion N	Name of Intersec	ting Roadway/Stre	eet	— F			_		Mi	le Mar	ker			Е	xit Number	
ľ			Also at Int	tersection with			Feet	N S F	2 W	of	Rou	ıte#	In	ntersect	ting Ro	oadwa	y/Street	_
7						-	Feet	N S F	2 W	of					Ü		•	
4	Route# Directi	ion	Name of Inter	secting Roadway/S	Street									Lan	ıdmark			
	Wehicle 1	2_#Occupants	Hit/Ru	n Mope	ed Case N	Number		2	220002	207								
_	License#		St ¹	MA DOB/Age		Reg#5	5TJ151				Reg	Type	PAN	ī	Re	eg Stat	te_MA	
		Class D 18 1	18	19	DL		ear_2015										20	
- 1	Operator KUL		OLGA	End	dorsment		(Same as ope	rator)									,	J
_	Address 139 No	ORTH ST (apt.	First	1	Middle		Las	t							Mid	dle		
	City NEWTON			State_MA_Zip_0	02460											Zin		_
	Insurance Comr					-	Action Prior to			21	_						le Up to Th	
_		J	Y EW R	esponding to Emer	rgency? N		Sequence 1			22	22	2 _		0)	4		
		ssued)		sponding to Emer	rgency		Iarmful Event		23				ſ	\bigvee	Λ		10 Underca	_
				on 2: Ch Se	ec		Contributing C		19 2	24	24	1	-	9		5	11 Totaled	
٦				on 4: Ch Se			ide/Override			Towed	. N	8	Ų	7		6		
_				cupants involved		Underri	ide/Override [28 Airbag	. 29	_30	31	32 Injury	33 Fransp.		
-	Name (Last First				Address		Age/DOB	Sex	Pos.	System	Status :	Switch	30 Eject Code	Code	Status	Code	Medical Fac	ility
ŀ	Operator		1	See 139 NORTH ST (ar	pt E)			-		-	4		0	0	10	1		
-	AVAKOVA, EN	MILY	I	NEWTON, MA 02				F	6	1	4	99	0	0	10	1		
	Please Select O		e2 <u>2_</u> #Occupa	ants Non-M	lotorist A Type	e 14	4 Action	I5 Lo	cation	1	16 Co	onditio	n	17		Hit/Ru	ın Mo	ped
	of the Followin	ig:																
- 1	License#	18 1	St	DOB/Age		Reg # _6						Type_	PAN	l	Re	eg Stat	te MA 20	_
- 1	Sex_M_ Lic. C		Lic. Restricti		DL idorsment		ear_2012		eh Ma	ke_FO	RD				Veh (Config	g. 2	
- 1	Operator RICE	Last	JAMES First		Middle	Owner	(Same as ope	rator)			First	:			Mid	dle		_
- 1		IAWSHEEN RD				Address	s											_
- 1	City BILLERIC			State MA Zip C)1821	City_								_State_		_Zip		
	Insurance Comp	pany_AMICA M	IUTUAL			Vehicle	Action Prior to			11 21			naged		Code:	`	le Up to Th	ree)
	Vehicle Travel I	Direction: N	X E W	Responding to Eme	ergency?N	Event S	Sequence 1	3	22	22	22	2	ſ	3	\overline{A}	4	10 Um damaa	
	Citation # (If Issued) Violation 1: ChSec Violation 2: ChSec					Most Harmful Event 1 23 10 Undercar 5 11 Totaled							mage					
						Driver 6	Contributing C		19	24	24		Į		\sum	ر		
	Violation	1 3: ChS	ec Violat	tion 4: ChS	Sec	Underri	ide/Override	2		owed		8		0		6		
	Ple Name (Last Firs		operator and a	all occupants inv	volved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety 2 System	28 Airbag Status	29 Airbag Switch	30 Eject Code	Trap Code	32 Injury Status	33 Transp. Code	Medical Fa	cility
		Non-Motorist			Above						4	99	0	0	10	1	urur ra	
-	RICE, CHARGI		6	6 SHAWSHEEN R	RD									_				
í	KICL, CHARG.	EK	η.	HITERICA MA	11821			M	4	4	4	99	0	0	10	1		
1	KICE, CHARG	EK	<u>I</u>	BILLERICA, MA 0)1821			M	4	4	4	99	0	0	10	1		



On 03/08/22 at 14:57 hours, N494 and I Traffic Unit # 523 responded to the Horace Mann School located at 225 Nevada St. for a two car motor vehicle accident involving one of the operator's being struck. The accident occurred on Nevada St. just past a driveway of the Horace Mann School approaching the intersection of Nevada St and Linwood Ave. The weather at the time was sunny/clear and the road conditions were dry. School dismissal is at 14:50 hours and for approximately ten minutes Nevada Street is very congested with vehicles parked on both sides of the street.

On arrival, I spoke to the operator of M/V # 2 identified as James Rice (MA D/L # S83251000). Mr.

Rice's vehicle is a 2012 Ford Escape color white bearing MA reg. # 6725ZA. The Ford Escape was parked just past a school driveway facing southbound in a legal parking spot. He says he was picking up his child from

(Continued on next page)

Witnesses:							
Name (Last, First, Middle)		Address			Phone i	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information: Carrier Name	Registration #				Carrier Issu	uing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:			Issuing State	ICC #:_			36
	S Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Na	me		Material 4	digit #	Release code	42

-	→ Direction	$_{1} = Vehicle 1$	2 =Vehicle 2	₽ Pedestria:	n	
Crash Diagram:	ie: →□	1	2	→ Ŷ		
		<u> </u>			If Crash Did No	
	 	 _			—	king Lot
						King Lot
		_			Garage	
	 				☐ Mall/Shoppin	g Center
	į		į į	į	☐ Other Private	Way
			++		Indicate North b	y Arrow
			 	+- +-)
Crash Narrative:						
the school. He further s	tates that he	looked and t	hought it was	clear to ope	en his door. He then o	opened his
door and put his left foo	t and left arm	out attempt	ing to exit th	e vehicle wh	nen it was struck by M/	/v # 1.
M/V # 1 struck the outer	edge of the do	or and Mr. R	ice's left elb	ow was also	struck during the col	llision.
Mr. Rice complained of le	ft arm pain so	Officer Bou	dreau had Fall	on Ambulance	e respond to the scene.	Rice then
signed a patient refusal	with them. Als	so inside th	e vehicle at t	he time of t	the crash was his son,	Charger
Rice. His son was seated	and secured in	n a car seat	in the second	row of the	driver's side of the B	Ford
Escape. There was no inj	uries reported	for him. I	observed a cr	ease to the	outside edge of his dr	river's
side door. Mr. Rice also	stated to me	that the cr	ossing guard t	old him the	other operator was spe	eding
before the crash going ap	proximately 25	miles per h	our.			
(Continued	on next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:		•				
Owner (Last, First, Middle)	Address		Phone #	34-Type D	escription of Damaged Property	
Truck and Bus Information:	Registration #		(From V	Pehicle 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 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length 39	
Hazmat Information:						
Placard 40 Material 1 digit	# 41 Material	Name		Material 4 dig	rit# Release code	e 42

_	→ Direction 1	₹ Vehicle 1 2	yehicle 2	Pedestr	ian		
Crash Diagram:	ie: 🕕 🛚		□ →	₽			
						If Crash <u>Did No</u> on a Public Way	
		<u> </u>				☐ Off-Street Park	ting Lot
		 				☐ Garage	
į				į		☐ Mall/Shopping	Center
						☐ Other Private V	Vay
						Indicate North b	y Arrow
)
Crash Narrative:							
Next, I spoke to the oper	ator of M/V # 1	identified a	s Olga Kulakov	va (MA D/	L# S6300374	3). She was	
operating a 2015 Infiniti	QX60 color blac	ck bearing MA	reg. # 5TJ15	51 at the	time. Ms.	Kulakova sta	tes that
she was parked approximat	ely twenty five	feet back fr	om the crash l	location	also pickin	g up her daug	hter from
the school. After doing	the pickup, she	then proceed	led out in to m	roadway g	oing southb	ound on Nevad	a St. As
she was approaching M/V #							
in time striking his car							
_	te paint scrape	marks to bot	h her passenge	er side d	oors and th	e side view m	irror was
also damaged.							
I then spoke to the cross		ned to the in	tersection of	Nevada S	t. and Linw	rood Ave. The	guard
(Continued	on next page)						
W itnesses: Name (Last, First, Middle)		Address			Ph	none #	Statement
rame (2037) insq madie)		, tudiess					J. G.
Property Damage:			T				
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of I	Damaged Property	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name					Carri	er Issuing Authority	Code 35
Address			City		St_	Zip	
US DOT#:	_ State Number		Issuing State	ICC #:_		Interstate	36
37		38				l	
J. 1.5 Jr. 2022	oss Vehicle Weight						
Trailer Reg #:	oss Vehicle Weight Reg Type	Reg State	Rag Vaar	T_{rc}	ailer Length	39	
Trailer Reg #:Hazmat Information:		Reg State	Reg Year	Tra	niler Length	39	
	Reg Type		Reg Year				42

ID/Badge #

Department

Signature

Date

Precinct/Barracks

-	Direction 1	」	_ Vehicle 2	Pedestria	n	
Crash Diagram:	ie: → 🛚 1	→ 2	□ →	> ♀		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					Off-Street Parking	g Lot
					☐ Garage	5201
	- — — — — —					
					— — Mall/Shopping Co	enter
j	j	į į	j	İ	☐ Other Private Way	у
		+		+-	Indicate North by A	rrow
	- — — — —	 				
	-	+		+-		
Crash Narrative:						
Jack Boudreau is employed	through the Ci	ty of Newton.	I asked him	what had o	occurred with the crash.	He
stated that he had his bac	k turned away	from the cras	h location who	en it occur	rred. He heard the colli	sion
which made him turn around	. He then mot	ioned for the	driver of the	e Infiniti	to pull over and stop.	I asked
him if he ever saw the Inf	initi driving	prior to the	crash and he	stated that	he did not. I then inq	uired
about the supposed speedin	g comment that	he made to M	r. Rice regard	ding the Ir	nfiniti. He stated that h	e never
said that to him.						
Digital photos were taken	of the scene a	nd submitted	to the I.T. B	ureau.		
(Continued o	n next page)					
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
D						
Property Damage: Owner (Last, First, Middle)	Address		Phone #	34-Type D	Pescription of Damaged Property	
Owner (East, Frist, Middle)	/ Address		THORE #	311ypc D	escription of burnaged Froperty	
Truck and Bus Information:	Registration #		(From Veh	nicle Section)		
Carrier Name					Carrier Issuing Authority Coc	de 35
Address			City		St Zip	
US DOT #:						36
37	ss Vehicle Weight	38			morsaic	
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	er Length	
Hazmat Information: 40	41					42
Placard Material 1 digit #	Material N	Name		_ Material 4 dig	git# Release code	-
JEREMY L WILSON		25227	NEWT	ON POLICE DEPARTM	03/08/2	022

ID/Badge #

Signature

Department

Precinct/Barracks

Date

Police Officer Name (Please Print)

	Direction 1 =	Vehicle 1 2	_≠Vehicle 2	Pedestrian		
Crash Diagram:	ie: → 1	2	_	₽Ŷ		
					If Crash Did Not on a Public Way: Off-Street Parking Garage Mall/Shopping C Other Private Way Indicate North by A	g Lot enter
	- — — — — — — — — — — — — — — — — — — —					
Crash Narrative:						
Witnesses:						
Name (Last, First, Middle)	1	Address			Phone #	Statement
Property Damage:			1			
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:						
	Registration #		(From Ve	ehicle Section)		35
Carrier Name					Carrier Issuing Authority Coc	le
Address			City		St Zip	
						36
US DOT #:			_ Issuing State	ICC #:	Interstate	
Cargo Body Type Code 37	Gross Vehicle Weight 3	88				
					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year_	Traile	r Length	
Hazmat Information:						
Placard 40 Material 1 di	git # 41 Material Nam	e		Material 4 digi	t# Release code	42
I monta (1)	b.c.,	.~		1-141011411 7 4191	Release code	
JEREMY L WILSON		25227	NEW	TON POLICE DEPARTM	03/08/2	022
	Signature			epartment	Precinct/Barracks Date	

CDP1 11 ·24·00