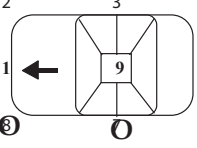
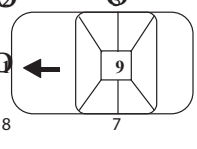


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/10/2022		Time of Crash 14:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						1 9			
Route# Direction Name of Roadway/Street At				WEST 24 PROSPECT PL Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2 10			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11 4			
Route# Direction Name of Intersecting Roadway/Street															
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000213									
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FIGUEROA ABRAHAM JR Address 1386 WHIPPLE RD City TEWKSBURY State MA Zip 01876 Insurance Company SAFETY INSURANCE COMPANY				Reg # 9DXX90 Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 2 20 Owner FIGUEROA ANGELA MARIE Address 1386 WHIPPLE RD City TEWKSBURY State MA Zip 01876 Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y								12 1			
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled											
Please fill out for operator and all occupants involved												13 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
Operator		See Above		-----		---	---	1	4	4	0	0	10	1	NONE
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 5 #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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ORSINI KATHLEEN O'BRIEN Address 4 CLAYBROOK FARM RD City MEDWAY State MA Zip 02053 Insurance Company ARBELLA PROTECTION INSURANCE COMPANY				Reg # BU43577 Reg Type BUN Reg State MA Veh Year 2017 Veh Make DODGE Veh Config. 2 20 Owner PARK SHUTTLE ANI Address 320 WILLIAM MCCLELLAN HWY City E. BOSTON State MA Zip 02128 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								13 1			
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled											
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	2	4	0	0	10	1	NONE
GILL, BRODY		2 DOTTY'S CT NATICK, MA		-----		M	8	1	2	4	0	0	10	1	NONE
GILL, BRODY		2 DOTTY'S CT NATICK, MA		-----		M	7	1	2	4	0	0	10	1	NONE
BRAUER, TESSFANESH		364 WASHINGTON ST HOLLISTON, MA 01746		-----		F	4	1	2	4	0	0	10	1	NONE

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

The operator of Vehicle #1 stated that he observed a vehicle coming from behind that he tried to avoid a collision with. This then led to the collision with Vehicle #2.

The operator of Vehicle #2 stated that she was travelling her School Bus van westbound on Prospect Pl when her vehicle was struck on the passenger side by Vehicle #1 as he attempted to pass her.

Vehicle #2 was carrying 4 students, all parties involved were checked by medics before being released to their parents.

Vehicle #1 was towed by Tody's Towing Co., and Vehicle #1 was parked for a private tow at a later time.

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

DECLAN G HEALY **NEWTON POLICE DEPT** **03/10/2022**

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

CDP1 11 -24:00