

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/12/2022		Time of Crash 13:44 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	
NORTH CENTRE ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
EAST WARD ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
				Route# Intersecting Roadway/Street								4	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
3 2		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000216					
License # --- St MA DOB/Age ---				Reg # 1RMY66 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20									
Operator HOULIHAN KATELYN A				Owner (Same as operator)									12
Address 18 ACADIA PARK (apt. 3)				Address _____									
City SOMERVILLE State MA Zip 02143				City _____ State _____ Zip _____									
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
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					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6 7 8 9					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
7 2		Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # MF442 Reg Type MVN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 1994 Veh Make PIERCE Veh Config. 97 20									
Operator MAZZOLA JR ANTHONY L				Owner CITY OF NEWTON									
Address 1164 CENTRE STREET				Address 1164 CENTER ST									
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459									
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? Y				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6 7 8 9					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	
EDINGTON, GLENN				525 WINCHESTER ST NEWTON, MA 02459				-----				M	
WALSH, RYAN				580 WATER ST. FRAMINGHAM, MA 01701				-----				M	
MEDEIROS, SHANE, R				119 GREEN STREET MEDFIELD, MA 02052				-----				M	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street

Ward Street

Uninvolved Motor vehicle

MV#2

MV#1

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:

-OpMv#1 came to the Newton Police Station to report that she stopped in traffic traveling northbound on Center Street when MV#1 was struck on the driverside front quarter panel by MV#2 as it drove by her. OpMv#1 stated she observed MV#2's emergency light, but did not hear the siren. She stated MV#2 continued traveling north. OpMv#1 stated she did not have the police respond to the scene because she did not know what to do. OpMv#1 did not report any injuries at this time.

-OpMV#2 responded to the station to investigate the collision with Mv#1. OpMv#2 stated he was traveling north on Centre Street responding to a motor vehicle collision. He stated his emergency lights were on as he traveled on Centre Street. He stated he was not aware of the collision or else he would have stopped in

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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

→ 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:

accordance with NFD motor vehicle Collision Policy.

-I spoke to the passengers of MV#2 and their statements coincided with those made by OpMv#2. Newton Fire Department C-2 responded to the station and conducted an inspection of the vehicle.

-I conducted an inspection of Mv#1 and I observed the driver's side headlight shell casing and bumper was cracked and damaged. I observed a deep dent on the fender panel, but, OpMv#1 stated that damage was there before. I next observed the was scuffing on the surface but did not observe any paint transference. I next conducted an inspection of the right side of MV#2. I did not see obvious damage to the surface of truck. I did observe some minor scratches and nick on MV#2 however, the crew explained it was old wear and tear and the truck was a 1994 model.

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Property Damage:

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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

DAVID A. CALDERON

NEWTON POLICE DEPART

03/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

