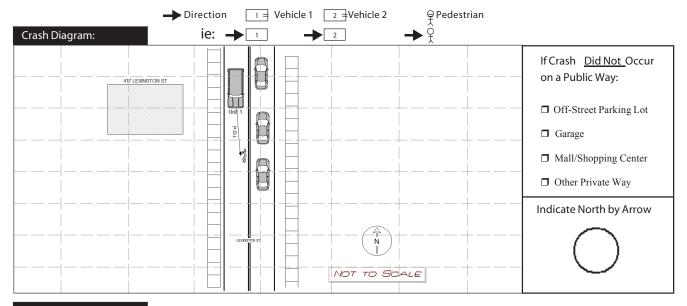
| | Poli | ice Use Only | | Commonwea | alth o | f Massa | achu | isetts | } | | RMV | Docum | ent Number | |
|---------------|---|--------------------------------|-------------------|-----------------------|---|---|-------|-------------------------------------|-------------------------------|-------------------------|---------------------------|-----------------------------------|---|----------------|
| | Date of Crash 03/18/2022 | Time of Crash 15:49 24HR | NEWTON | MIOTOI | | icle Cra Report | sh | Number Vehicles | | ed Latit | d Limit ude gitude_ | 25 | State Police Local Police MBTA Police Other: | N N |
| | | | RSECTION: | | LOCAT | | > | | NO | | | | TION: | |
| | | | | | | SOUTH | 419 |) | LEXIN | IGTON | ST | | | |
| 1 1 | Route# Direct | etion | Name of R | oadway/Street t | | Route# Direction | on Ad | dress # | | Naı | ne of Ro | oadway/S | treet | |
| | | | | | - | Feet NSEW of or Mile Marker Exit Number | | | | | | - | | |
| | Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | [| Feet NSEW of | | | | | | | | |
| 1 | | | | | | Feet N | N S E | W of | Route | e# I | ntersect | ing Roadv | way/Street | 1 |
| | Route# Direction Name of Intersecting Roadway/Street | | | | Landmark | | | | | | | | ⇉ | |
| 3 | XVehicle1 1_#Occupants ☐ Hit/Run ☐ Moped Case I | | | | | Number 22000230 | | | | | | | | |
| | License# | | St MA | _ DOB/Age | Reg# | 9339AC | | | Reg T | ype PAN | N . | Reg Si | tate MA | |
| | Sex_M Lic. | Class D 18 | Lic. Restrictions | | Veh Ye | ear_2012 | Vel | Make_JE | EEP | | | Veh Cont | fig. 20 | |
| 4 1 | Operator CEI | Last | JAMES First | Endorsment | Owner | (Same as oper | ator) | | First | | | Middle | | - 1 |
| | Address 153 L | | | | Owner (Same as operator) Last First Middle Address | | | | | | | . - | | |
| | City HUDSON State MA Zip 01749 | | | | City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| 5 | Insurance Com | | | N | | e Action Prior to | | 1 | 21 22 2 | | d Area (| Code: (Ci | • | e) |
| | _ | | | nding to Emergency? N | | sequence 3 | 23 | | | | Ĭ | | 10 Undercarri | age |
| | ` | ssued) | | · Ch Sec | | Contributing Co | 3 23 | 24 | 24 | — | 9 | . : | 5 11 Totaled | |
| 1 | Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec | | | | | Driver Contributing Code 1 25 Towed N 8 7 6 | | | | | | | | |
| | Please fill out for operator and all occupants involved | | | | | | | 26 27 Seat Safety | 28 Airbag Ai | 29 30 rbag Eject | 31 Trap I | 32 3 njury Trans | 33 sp. | ₁ 3 |
| | Name (Last Fir | | | Address See Above | | Age/DOB | | os. \$ystem | Status Sv | yitch Code 9 0 | Code | 10 1 | e Medical Facilit | <u>y</u> 3 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | \dashv |
| 7 1 | Please Select (of the Followi | /ehicle | e#Occupants | Non-Motorist A Typ | pe 97 | 4 Action 97 | | ation 99 | 16 Cor | adition 1 | 17 L | Hit/ | Run Mope | ed |
| | License# | | | | | Reg # | | | | | | | _ | |
| | Sex_M_ Lic. Class 18 18 Lic. Restrictions 19 CDL_ | | | | Veh Ye | Veh YearVeh MakeVeh Config. | | | | | | | | |
| 1 | Operator SHREVE MICHAEL COBB Last First Middle | | | | Owner Last First Middle | | | | | | | - | | |
| | Address 29 CENTRAL ST | | | | Address | | | | | | | - | | |
| | City NEWTON State MA Zip 02466 | | | | City State Zip Valvials A stirm Primes Creats ZII Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| | Insurance Company | | | | venicie Action Prior to Crash | | | | | | | | | |
| | Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) | | | | Most Harmful Front 23 | | | | | | age | | | |
| | Violation 1: ChSec Violation 2: ChSec | | | | Driver Contributing Code 24 24 25 1 | | | | | | | | | |
| | Violation 3: ChSecViolation 4: ChSec | | | | | Underride/Override 25 Towed 8 7 6 | | | | | | | | |
| | Please fill out for operator and all occupants involved Name (Last First Middle) Address | | | | | Age/DOB | | 26 27 Seat Safety Pos. System | 28 Airbag Ai n Status S | 29 30 Figure 29 Code | 31 Trap I | 32 3 njury Trans Status Coo | | ity |
| | | Non-Motorist | | See Above | | Age/DOB | | | Status S | Codi | | 10 1 | | , |
| | | | | | | | | | | | | | | |
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| Police Report Vehicles Injured Latitude Longitude Other ME Longitude Condition Name of Roadway/Street Route# Direction Name of Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of Mile Marker Exit Feet N S E W of ME W of MILE | Number | | | | | | | |
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| 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 Also at Intersecting Roadway/Street Route# Direction Name of Intersecting Roadway/Street Feet N S E W of Route# Intersecting Roadway/ Feet N S E W of Route# Direction Name of Intersecting Roadway/Street Landmark License# St DOB/Age Reg# Reg Type Reg State Sex Lic. Class 18 18 Lic. Restrictions CDL Veh Year Veh Make Veh Config. | ner: | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street Also at Intersecting Roadway/Street Feet NSEW of Route# Intersecting Roadway/ Feet NSEW of Route# Intersecting Roadway/ Route# Direction Name of Intersecting Roadway/Street Landmark License# St DOB/Age Reg# Reg Type Reg State Sex_ Lic. Class 18 18 Lic. Restrictions CDL Veh Year Veh Make Veh Config. | ON: | | | | | | | |
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| Route# Direction Name of Intersecting Roadway/Street Feet N S E W of | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Landmark | Route# Intersecting Roadway/Street | | | | | | | |
| License # St DOB/Age Reg # Reg Type Reg State Sex_ Lic. Class Is 18 18 Lic. Restrictions CDL Veh Year Veh Make Veh Config. | | | | | | | | |
| License# St DOB/Age Reg # Reg Type Reg State Sex Lic. Class 18 18 Lic. Restrictions CDL Veh Year Veh Make Veh Config. | Landmark | | | | | | | |
| Sex Lic. Class Lic. Restrictions Lic. Restrictions CDL Veh Year Veh Make Veh Config. | | | | | | | | |
| Sex Lic. Class Lic. Restrictions CDL Veh Year Veh Make Veh Config. Endorsment | 20 | | | | | | | |
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| | | | | | | | | |
| Address Address | | | | | | | | |
| | | | | | | | | |
| Insurance Company Vehicle Action Prior to Crash Damaged Area Code: (Circle | e ∪p to Three) | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? Event Sequence | 0 Undercarriage | | | | | | | |
| Citation # (If Issued) 9 5 1 | 1 Totaled | | | | | | | |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code | | | | | | | | |
| Violation 3: CnSec Violation 4: CnSec Underride/Override Towed | | | | | | | | |
| Name (Last Pirst Middle) Address Age/DOB Sex Pos. System Status Switch Code Code Status Code 1 | Medical Facility | | | | | | | |
| Operator See Above | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Please Select One of the Following: Vehicle# Occupants \[\begin{align*} \text{Non-Motorist A Type} & 14 \\ 1 & Action & 2 \\ \end{align*} \] Location \[\begin{align*} \frac{16}{4} & Condition & 17 \\ 1 & \end{align*} \] Hit/Run | Moped | | | | | | | |
| License# St DOB/Age Reg # Reg Type Reg State | | | | | | | | |
| Sex_M Lic. Class Lic. Restrictions Lic. Restrictions CDL Veh Year Veh Make Veh Config. | 20 | | | | | | | |
| Operator SHREVE BEN Owner Last First Middle Last First Middle | Owner Last First Middle | | | | | | | |
| Address 29 CENTERAL ST Address | | | | | | | | |
| City NEWTON State MA Zip 02466 City State Zip | 3 <u> </u> | | | | | | | |
| insurance Company | venicle Action Prior to Crash | | | | | | | |
| Vehicle Travel Direction: NSEW Responding to Emergency? Event Sequence 22 22 22 22 3 4 | 0 Undercarriage | | | | | | | |
| Citation # (If Issued) 1 Most Harmful Event 1 | 1 Totaled | | | | | | | |
| Violation 1: ChSec Violation 2: ChSec Driver Contributing Code | 25 8 7 6 | | | | | | | |
| Violation 3: ChSec Violation 4: ChSec Underride/Override Towed | | | | | | | | |
| Please fill out for operator and all occupants involved Name (Last First Middle) Address Age/DOB A | Medical Facility | | | | | | | |
| Operator/Non-Motorist See Above 7 2 B | ВСН | | | | | | | |
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Crash Narrative:

Operator of vehicle one James Cellucci stated that he was driving south bound on Lexington St near number 419 in his 2012 Jeep Grand Cherokee (MA reg 9339AC). Cellucci stated his speed was approximately 10 to 15 MPH. Cellucci stated that a group of approximately 5 children ran out from between vehicles that where stopped in traffic in the north bound lane of Lexington St. Cellucci stated that one of the children ran in front of his vehicle. Cellucci stated that he attempted to break but a crash was inevitable. Witness Molly Van Horn made the same statement as Cellucci about a group of children running out between stopped vehicles. The child that was struck by Cellucci's vehicle was Ben Shreve (DOB 12/14/2010) . Shreve did not lose consciousness as a result of the crash. Shreve was transported to Boston Children's Hospital via EMS for treatment along with his parents. Lexington St is a public way in the City of Newton.

| Witnesses: | | | | | |
|--|-------------------|---------------------------------|--------------------|----------------------|-----------------------|
| Name (Last, First, Middle) | Add | Iress | | Phone # | Statement |
| VANHORN , MOLLY, | | AUBURNDALE AVE WTON,MA 02466 | | | N |
| | | | | | |
| Property Damage: | | | | | |
| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damag | jed Property |
| | | | | | |
| | | | | | |
| Truck and Bus Information: Carrier Name | Registration # | | m Vehicle Section) | Carrier Issu | ing Authority Code 35 |
| Address | | City | | St | Zip |
| US DOT #: | | Issuing State | :ICC#:_ | | Interstate 36 |
| Cargo Body Type Code Gros | s Vehicle Weight | | | 39 | |
| Trailer Reg #: | Reg Type F | Reg State Reg Y | ear Ti | | |
| Hazmat Information: | | | | | |
| Placard 40 Material 1 digit # | 41 Material Name_ | | Material 4 | digit # | Release code 42 |