

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/21/2022		Time of Crash 15:28 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 437 CHERRY ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000239			3
4				License # --- St MA DOB/Age ---		Reg # 6DS435		Reg Type PAN		Reg State MA		12	
1				Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Endorsement _____		Veh Year 2017		Veh Make HONDA		Veh Config. 1 20		1	
1				Operator GILARDE JANINE Last First Middle		Owner (Same as operator)		Last First Middle		Address _____		1	
1				Address 124 BEAL RD		Address _____		City _____ State MA Zip 02453		City _____ State _____ Zip _____		1	
5				Insurance Company COMMERCE		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2		13	
6				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		1	
1				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram: 10 Undercarriage 5 11 Totaled		1	
1				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 See Above		Age/DOB --- Sex --- 26 1 27 4 28 4 29 0 30 0 31 10 32 1 33		1	
7				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		1	
8				License # _____ St _____ DOB/Age _____		Reg # 3EYW69		Reg Type PAN		Reg State MA		1	
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement _____		Veh Year 2020		Veh Make HONDA		Veh Config. 1 20		1	
1				Operator _____ Last First Middle		Owner BOONDECH WAJJAKORN Last First Middle		Address 50 (apt. 1) PARSONS STREET		City NEWTON State MA Zip 02465		1	
1				Address _____		Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 1 22 22 22 22 2		1	
1				City _____ State _____ Zip _____		Most Harmful Event 1 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed N		1	
1				Insurance Company STANDARD FIRE		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram: 10 Undercarriage 5 11 Totaled		1	
1				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Citation # (If Issued) _____		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		1	
1				Operator/Non-Motorist See Above		Age/DOB --- Sex --- 26 --- 27 --- 28 --- 29 --- 30 --- 31 --- 32 --- 33 ---		Operator/Non-Motorist See Above		Age/DOB --- Sex --- 26 --- 27 --- 28 --- 29 --- 30 --- 31 --- 32 --- 33 ---		1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

CHERRY STREET

Unit 1

Unit 2

437 CHERRY STREET

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:

Operator of MV1 said she was traveling Southbound on Cherry Street and was slowly merging into the left turn lane. Operator of MV1 said MV2 exited the parking lot next to 437 Cherry Street and was attempting to turn Southbound onto Cherry Street and struck MV1. Operator of MV1 said MV2 left prior to my arrival and that they loosely exchanged information. There was minimal damage to the front passenger bumper of MV1. I attempted to contact the owner of MV2 numerous times yielding negative results. There were no injuries and both vehicles were able to drive away from the scene.

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

PATRICK DALY **NEWTON POLICE DEPARTMENT** **03/21/2022**

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

CDP1 11 -24-00