

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/19/2022		Time of Crash 21:45 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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 LAKE AVE												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
WOODLAND RD				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								11	
Also at Intersection with				Feet N S E W of _____								2	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000322							
License # --- St MA DOB/Age ---				Reg # 1GBZ71 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2007 Veh Make NISS Veh Config. 1 20								12	
Operator CATANIA NICOLE MARIE				Owner RANDALL AMY								1	
Address 432 SUMMER ST				Address 432 SUMMER ST									
City BROCKTON State MA Zip 02302				City BROCKTON State MA Zip 02302									
Insurance Company ARBELLA				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 3 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 3 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
Please fill out for operator and all occupants involved												13	
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			
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 1 14 Action 1 15 Location 4 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St --- DOB/Age ---				Reg # --- Reg Type --- Reg State ---									
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL				Veh Year --- Veh Make --- Veh Config. 20									
Operator SIMMS ANDREA				Owner ---									
Address 8 BROOK ST				Address ---									
City MARLBOROUGH State MA Zip 01752				City --- State --- Zip ---									
Insurance Company ---				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? ---				Event Sequence 22 22 22 22				2 3 4					
Citation # (If Issued)				Most Harmful Event 23				1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed ---				8 7 6					
Please fill out for operator and all occupants involved												13	
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		-----		---		8 1			

→ 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:

On 04/20/2022 I was notified of a motor vehicle accident involving a pedestrian that was reported to Lasell University PD. I spoke to Lasell PD Officer Gilfoy who stated the accident happened on 04/19 sometime between 2130 and 2200 hours and that the pedestrian involved had just reported it to their office. Officer Gilfoy faxed over a copy of their report (report #22-0316).

Andrea Simms reported to Lasell PD that on 04/19/2022 between 2130 and 2200 hours she was walking down Woodland Rd and was about to cross Lake Ave when her attention was drawn to a vehicle parked on Lake Ave. She said it looked like the vehicle was waiting to back out of Lake onto Woodland and she waited approximately 1 minute before crossing behind the vehicle. As Simms crossed the vehicle backed up and struck her left knee/thigh. Simms walked over to the passenger side of the vehicle and spoke to the operator who

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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


MICHAEL ANTHONY IAROSS NEWTON POLICE DEPT 04/20/2022

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

was very apologetic and stated she did not see her. Simms then left the area and did not think to report it until she was advised to the next day by another student.

The vehicle operator was identified as Nicole Catania. Catania stated she had just dropped a friend off on Lake Ave and was waiting for traffic on Woodland Rd to go by before she backed out onto the street. As she backed out she heard what sounded like someone hitting her trunk with their hand. Catania stated that a party then came to her passenger side window and Catania stated that Simms never said she was struck but Catania still apologized and told her she never saw her. Simms replied "OK" and walked off. Catania never reported the incident because she did not believe there was anything to report.

In the report I received from Lasell it stated that they had reviewed CCTV from Karandon House that showed

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→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

Catania backing up and stopping to allow a passing vehicle to continue on Woodland. Simms is then observed crossing behind Catania's vehicle as it stopped for the other vehicle and it could not be determined if she was struck or hit the trunk with her hand. Simms can be seen speaking to Catania through the passenger side before walking away.

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 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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPT.

04/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date