

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/05/2022	Time of Crash 07:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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 SOUTH WALNUT ST Route# Direction Name of Roadway/Street At EAST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			1 2 3 Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							
3 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000372	
4 3 License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HICKEY GREGORY P Address 19 WOODBINE ST (apt. 3) City NEWTON State MA Zip 02466 Insurance Company COMMERCE			12 Reg # 81EF35 Reg Type PAS Reg State MA Veh Year 2016 Veh Make ACURA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N 6							
5 1 Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			13 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 ----- --- 1 4 99 0 0 10 1    							
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	
8 1 License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HOLZMAN JR WILLIAM Address 63 DEVON ROAD City NORWOOD State MA Zip 02062 Insurance Company SEF INSURED			13 Reg # SP110998 Reg Type CON Reg State MA Veh Year 2019 Veh Make FORD Veh Config. 2 20 Owner TOWN OF NORWOOD Address 566 WASHINGTON ST City NORWOOD State MA Zip 02062 Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed N 6							
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 4 99 0 0 10 1										
REYNOLDS, GRACE 172 172 FULTON ST NORWOOD, MA 02062 ----- F 6 1 4 99 0 0 10 1										
APPLEYARD, MAE 64 CYPRESS ST NORWOOD, MA 02062 ----- F 4 1 4 99 0 0 10 1										
KOUTROUBA, NICK 11 ROBINWOOD RD NORWOOD, MA 02062 ----- M 9 1 5 99 0 0 10 1										

# Commonwealth of Massachusetts

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Date of Crash	Time of Crash	City/Town		Motor Vehicle Crash Police Report						Number Vehicles	Number Injured	Speed Limit	State Police	<input type="checkbox"/>			
	24HR											Latitude	Local Police	<input type="checkbox"/>			
												Longitude	MBTA Police	<input type="checkbox"/>			
													Other:	<input type="checkbox"/>			
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:											
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street											
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of Mile Marker Exit Number											
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street											
						Landmark											
<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped													
License # St DOB/Age				Reg # Reg Type Reg State		Sex Lic. Class Lic. Restrictions CDL Endorsment											
Operator Last First Middle				Address		Veh Year Veh Make Veh Config.											
City State Zip				City State Zip		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
Insurance Company				Vehicle Travel Direction: Responding to Emergency?		Event Sequence Most Harmful Event											
Citation # (If Issued)				Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code Underride/Override Towed											
Violation 3: Ch Sec Violation 4: Ch Sec						10 Undercarriage 11 Toted											
Please fill out for operator and all occupants involved						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				-----													
Please Select One of the Following:				<input type="checkbox"/> Vehicle #Occupants		<input checked="" type="checkbox"/> Non-Motorist A Type		Action		Location		Condition		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
License # St DOB/Age				Reg # Reg Type Reg State		Sex Lic. Class Lic. Restrictions CDL Endorsment											
Operator REYNOLDS COLLEEN				Address		Veh Year Veh Make Veh Config.											
City NORWOOD State MA Zip 02062				City State Zip		Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)											
Insurance Company				Vehicle Travel Direction: Responding to Emergency?		Event Sequence Most Harmful Event											
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Operator/Non-Motorist See Above				-----		10 1											

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AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								11	
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<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped									
License # St DOB/Age				Reg # Reg Type Reg State									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year Veh Make Veh Config. 20									
Operator Last First Middle				Owner Last First Middle								12	
Address				Address									
City State Zip				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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility					
Operator				See Above				-----					
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 99 Condition 17 99 <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 Endorsment				Veh Year Veh Make Veh Config. 20									
Operator APPLEYARD MARY				Owner Last First Middle									
Address 64 CYPRESS ST				Address									
City NORWOOD State MA Zip 02062				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					
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Operator/Non-Motorist				See Above				-----					



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WASHINGTON ST

WALNUT ST

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:**

THE OPERATOR OF MV 1 WAS TRAVELING EAST ON WASHINGTON STREET IN THE LEFT HAND LANE. AS HE WAS APPROACHING THE INTERSECTION OF WALNUT STREET, MV2 ATTEMPTED TO CHANGE LANES (GOING FROM THE LEFT LANE INTO THE RIGHT LANE) AND TURNED INTO MV 1, STRIKING HIS VEHICLE ON THE FRONT DRIVERS SIDE. MODERATE DAMAGE SUSTAINED TO MV 1 AND NO INJURIES WERE REPORTED.

OPERATOR OF MV 2 STATED HE WAS ON WASHINGTON ST HEADING EAST ON WASHINGTON STREET IN THE LEFT LANE AT THE INTERSECTION OF WALNUT ST. HE STATED THAT HE LOOKED TO HIS RIGHT AND DID NOT SEE ANY VEHICLES TRAVELING IN THE RIGHT LANE SO HE ATTEMPTED TO MAKE A LANE CHANGE. WHEN HE ATTEMPTED TO TURN INTO THE RIGHT LANE, HE STRUCK MV 1 ON THE FRONT DRIVER SIDE. MODERATE DAMAGE SUSTAINED AND NO INJURIES WERE REPORTED. THREE STUDENTS ON THE BUS WERE CHECKED OUT BY MEDICS (REFUSALS), PARENTS WERE NOTIFIED AND THEY WERE SENT ON

(Continued on next page)

**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

MATTHEW W COLELLA      NEWTON POLICE DEPTA      05/05/2022

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

CDP1 11 -24:00

