

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/11/2022		Time of Crash 15:28 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				EAST 152 RIVER ST								2	
				Route# Direction Address # Name of Roadway/Street								10	
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number									
				Feet N S E W of _____ Route# Intersecting Roadway/Street								11	
				Feet N S E W of _____ Landmark								2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000387							
License # --- St MA DOB/Age ---				Reg # V15199 Reg Type CON Reg State MA									
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2004 Veh Make FORD Veh Config. 2 20									
Operator BARRIOS WILLIAM DANIEL				Owner RUBINO LANDSCAPING								12	
Address 109 OVERLAND RD				Address BX 62052									
City WALTHAM State MA Zip 02451				City NEWTON State MA Zip 02462									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				Event Sequence 2 23					
Citation # (If Issued) T1448096				Most Harmful Event 2 23				Driver Contributing Code 19 24 24					
Violation 1: Ch 90/104 Sec Violation 2: Ch Sec				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y					
Violation 3: Ch Sec Violation 4: Ch Sec													
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				99				4	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 # 4LD355 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2013 Veh Make TOYOTA Veh Config. 2 20									
Operator EXAVIER JEAN				Owner (Same as operator)									
Address 27 HARDING ROAD				Address									
City ROSLINDALE State MA Zip 02131				City State Zip									
Insurance Company SAFETY				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				Event Sequence 2 23					
Citation # (If Issued)				Most Harmful Event 2 23				Driver Contributing Code 1 24 24					
Violation 1: Ch Sec Violation 2: Ch Sec				Underride/Override 25 Towed Y				Underride/Override 25 Towed Y					
Violation 3: Ch Sec Violation 4: Ch Sec													
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				1				4	

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Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								11			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Landmark _____											
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000387									
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Endorsement _____				Reg # 8CKR30 Reg Type PAN Reg State MA Veh Year 2020 Veh Make CHEVY Veh Config. 2 20								12			
Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company SAFETY				Owner CARMICHAEL MATTHEW Last _____ First _____ Middle _____ Address 152 RIVER ST City NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y											
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled											
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		-----	---	---							
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped															
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Operator/Non-Motorist _____				See Above		-----	---	---							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

MV1 was traveling east on River Street. Operator of MV1 states a large truck was traveling west on River Street. Operator of MV1 states he could not fit between the oncoming traffic and MV2 which was parked on the shoulder in front of 152 River Street. MV1 struck the rear of MV2, pushing MV2 into MV3. MV3 was parked in front of MV2. MV2 was parked, but had an occupant in the drivers seat. The door to MV2 could not be opened and had to be opened by NFD. MV3 was unoccupied. Operator of MV1 signed a patient refusal and the occupant of MV2 was transported to NWH. Todys towed all 3 vehicles.

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

ALLAN L CICCONE, III NEWTON POLICE DEPARTM 05/11/2022

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

CDP1 11 -24-00