

# Commonwealth of Massachusetts

## Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash: 05/22/2022  
Time of Crash: 19:34  
City/Town: NEWTON  
24HR

Number Vehicles: 2  
Number Injured: 1  
Speed Limit: 35  
Latitude: \_\_\_\_\_  
Longitude: \_\_\_\_\_

State Police   
Local Police   
MBTA Police   
Other:

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

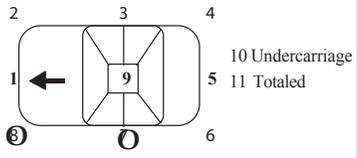
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Roadway/Street \_\_\_\_\_  
At \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_  
Also at Intersection with \_\_\_\_\_  
Route# \_\_\_\_\_ Direction \_\_\_\_\_ Name of Intersecting Roadway/Street \_\_\_\_\_

NORTH 2014 WASHINGTON ST  
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 \_\_\_\_\_

Vehicle 1 1 #Occupants  Hit/Run  Moped Case Number 22000436

License # --- St MA DOB/Age --- Reg # 697PD6 Reg Type PAN Reg State MA  
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL \_\_\_\_\_ Veh Year 2014 Veh Make HONDA Veh Config. 1 20  
Operator JACQUES YOLENE Owner (Same as operator)  
Address 62 KAREN DR Address \_\_\_\_\_  
City RANDOLPH State MA Zip 02368 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company GEICO Vehicle Action Prior to Crash 5 21 Damaged Area Code: (Circle Up to Three)  
Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? N  
Event Sequence 1 22 22 22 22 2  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 23  
Violation 1: Ch \_\_\_\_\_ Sec \_\_\_\_\_ Violation 2: Ch \_\_\_\_\_ Sec \_\_\_\_\_ Driver Contributing Code 19 24 24  
Violation 3: Ch \_\_\_\_\_ Sec \_\_\_\_\_ Violation 4: Ch \_\_\_\_\_ Sec \_\_\_\_\_ Underride/Override 25 Towed Y



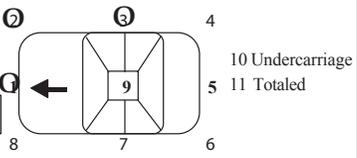
Please fill out for operator and all occupants involved

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	9	2	NEWTON WELLESLEY

Please Select One of the Following:  Vehicle 2 3 #Occupants  Non-Motorist A Type 14 Action 15 Location 16 Condition 17  Hit/Run  Moped

License # --- St MA DOB/Age --- Reg # 431RH1 Reg Type PAN Reg State MA  
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL \_\_\_\_\_ Veh Year 2011 Veh Make HONDA Veh Config. 1 20  
Operator MILLS MARISA Owner (Same as operator)  
Address 34 FIDELIS WAY (apt. 515) Address \_\_\_\_\_  
City BRIGHTON State MA Zip 02135 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company COMMERCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)  
Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? N  
Event Sequence 1 22 22 22 22 2  
Citation # (If Issued) \_\_\_\_\_ Most Harmful Event 1 23  
Violation 1: Ch \_\_\_\_\_ Sec \_\_\_\_\_ Violation 2: Ch \_\_\_\_\_ Sec \_\_\_\_\_ Driver Contributing Code 1 24 24  
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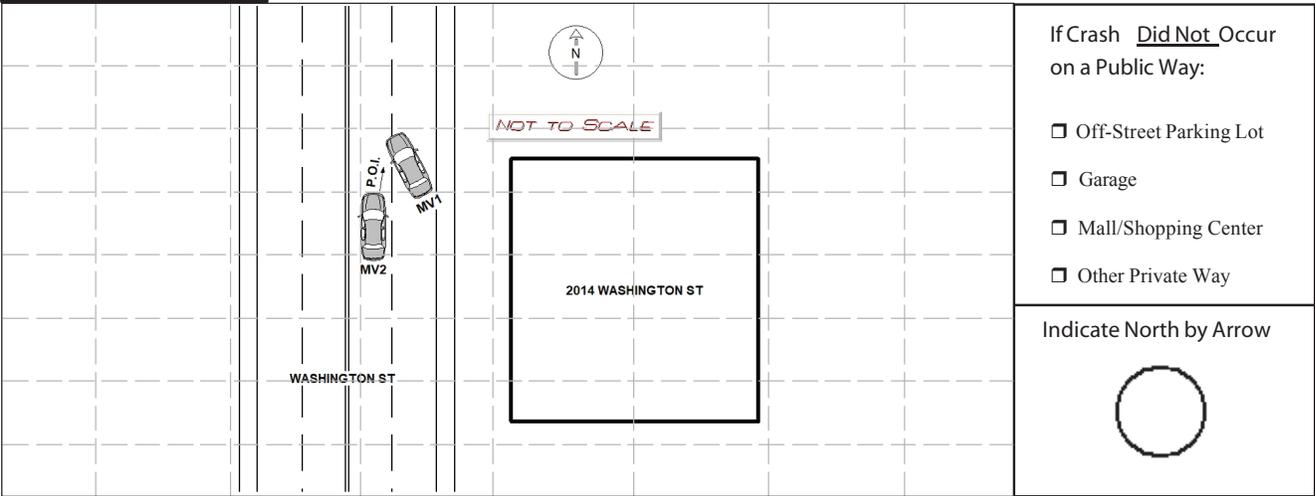
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Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	-----	---	---	1	1	1	0	0	10	1	
MILLS, EVERETT	34 FIDELIS WAY BRIGHTON, MA 02135	-----	M	3	1	4	99	0	0	10	1	
SAINT SAVEUR, ROBINSON	34 FIDELIS WAY BRIGHTON, MA 02135	-----	M	6	4	4	99	0	0	10	1	

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ⊕ Pedestrian

**Crash Diagram:**

ie: → 1    → 2    → ⊕



**Crash Narrative:**

The operator of MV1 was traveling north on Washington street when she attempted to switch lanes crossing into MV2's lane of travel. MV2 then struck MV1 immobilizing both vehicles. MV1 sustained damage to the drivers side of the vehicle. MV2's drivers side airbags deployed. MV2 sustained damage to the front and passenger side of the vehicle. The operator of MV1 was transported to Newton Wellesley Hospital by Fallon Ambulance Service. The operator and both passengers of MV2 signed patient refusals. Both MV1 and MV2 were towed from the scene by Tody's.

**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

KEVIN JOYCE

NEWTON POLICE DEPART

05/22/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date