

Police Use Only			Commonwealth of Massachusetts				RMV Document Number										
Date of Crash 05/31/2022		Time of Crash 09:45 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					
1 1	WEST		RIVER 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 Landmark								2				
	SOUTH		LEXINGTON ST										10				
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		2														
2 1	Route# Direction Name of Intersecting Roadway/Street										11						
											2						
3	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000467										
4 3	License # --- St MA DOB/Age ---		Reg # 2AM427 Reg Type PAN Reg State MA		Veh Year 2012 Veh Make FORD Veh Config. 2 20 Owner GOULET JAMES Address 7 FAIRMEADOW ROAD City WILMINGTON State MA Zip 01887 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12				
	Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment		Operator GOULET DANA MARIE										1				
	Address 7 FAIRMEADOW ROAD		City WILMINGTON State MA Zip 01887														
5 1	Insurance Company SAFETY INS		Vehicle Travel Direction: N X E W Responding to Emergency? N														
	Citation # (If Issued)																
6 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										13				
	Operator See Above		----- --- --- 99 4 99 0 0 10 1 NONE										1				
7 2	Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 2 #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 # 944AM3 Reg Type PAN Reg State MA		Veh Year 2020 Veh Make SUBA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N Citation # (If Issued) Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13				
	Sex M Lic. Class D 18 18 M Lic. Restrictions 1 19 CDL Endorsment		Operator CASTAGNO ALPHONSE										2				
8 2	Address 4 KENSINGTON AVE		City WOBURN State MA Zip 01801		Insurance Company QUINCY MUTUAL FIRE INS		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										13				
	Operator/Non-Motorist See Above		----- --- --- 99 4 99 0 0 10 1 NONE										1				
	CASTAGNO, SHIRLEY 4 KENSINGTON AVE WOBURN, MA 01801		----- F 3 99 4 99 0 0 10 1 NONE														

Crash Narrative:
Oper of V1 stated she was stopped at the red traffic signal on Lexington Street facing south when she felt impact from behind from V2.
Oper of V2 stated he was stopped on Lexington Street facing south at the red traffic signal. He stated his foot slipped off the brake due to a slippery material on his sneaker, and he tried to swerve as around V1 but was unable to and had contact with the rear of V1.
No injuries reported at this time, and all parties advised of the process. Neither vehicle was towed.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ROCCO D MARINI		13963	NEWTON POLICE DEPT		05/31/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					