

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																							
Date of Crash 05/31/2022		Time of Crash 07:22 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:						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				NORTH		NAHANTON ST						2																		
				Route# Direction Address #		Name of Roadway/Street						10																		
				Feet N S E W of		Mile Marker or Exit Number						11																		
				Feet N S E W of		WELLS AVE						4																		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of		Route# Intersecting Roadway/Street						11																		
						Landmark						4																		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000469						3																		
License # --- St MA DOB/Age ---				Reg # 859DM7		Reg Type PAN		Reg State MA		12																				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2009		Veh Make TOYT		Veh Config. 1 20		1																				
Operator SALOVITZ SALLY ANN				Owner (Same as operator)						1																				
Address 3 UPLAND WOODS CIR (apt. 303)				Address						1																				
City NORWOOD State MA Zip 02062				City		State		Zip		1																				
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)				1																				
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage		11																				
Citation # (If Issued)				Most Harmful Event 1 23		1 24 24		5 11 Totaled		1																				
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N				1																				
Violation 3: Ch Sec Violation 4: Ch Sec										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						1
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												
License # --- St MA DOB/Age ---				Reg # L31554		Reg Type CON		Reg State MA		13																				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2012		Veh Make FORD		Veh Config. 2 20		1																				
Operator CHRISTMAN MARK				Owner ATENT FOR RENT						1																				
Address 92 POND ST				Address 125 QUABISH RD						1																				
City SHARON State MA Zip 02067				City DEDHAM State MA Zip						1																				
Insurance Company AXIS INS				Vehicle Action Prior to Crash 5 21		Damaged Area Code: (Circle Up to Three)				1																				
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage		11																				
Citation # (If Issued)				Most Harmful Event 1 23		4 24 24		5 11 Totaled		1																				
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Operator/Non-Motorist				See Above		-----		---		---		99		4		99		0		0		10		1						
CASTRO, PEDRO, ZUNIGA						-----		M		3		99		4		99		0		0		10		1						
ARIAS, JOSE, W						-----		M		6		99		4		99		0		0		10		1						
YESILKAYA, HALIL						-----		M		4		99		4		99		0		0		10		1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WELLS AVE
NAHANTON ST
Yield sign for left lane to merge.
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:

On Wednesday 5/32/2022 at approx 0722hrs, while assigned to N496, I responded to the area of Nahanton St and Wells Ave for a 2 car MVA.

There, observed minor side scrape damage to MV1's front driver side with it's front driver side hubcap missing (damaged hubcap was later found nearby). MV2 had minor damage to the trailer on its passenger side. No injuries were reported.

Operator of MV1 states prior to the accident, she was traveling straight NB on Nahanton St in the right lane when MV2 attempted to merge in front of her. She states that she could not avoid the contact.

Operator of MV2 states that states prior to the accident, he was traveling straight NB on Nahanton St in the left lane. He said he activated his right turn signal before attempting to merge into the right lane. He said

(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 # L31554 (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 #: F33823 Reg Type TL Reg State MASSAC Reg Year 2005 Trailer Length 1 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

KEVIN DURICKAS

NEWTON POLICE DEPART

05/31/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

