

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/31/2022		Time of Crash 15:42 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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	
SOUTH LINDEN ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
WEST OSSIPEE RD				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								3	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000470							
License # --- St MA DOB/Age ---				Reg # 1MH828 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make TOYOTA Veh Config. 2 20									
Operator WALSH SHION				Owner (Same as operator)								12	
Address 7 CHENEY COURT				Address _____									
City NEWTON State MA Zip 02464				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6					
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				1 4 3 0 0 9 1 NOT TRANSPORTED									
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 YT DOB/Age ---				Reg # 1LTJ19 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 1 20									
Operator KUCHINSKY GEORGE				Owner (Same as operator)									
Address 42 MIDISON AVE				Address _____									
City SHARON State MA Zip 02067				City _____ State _____ Zip _____									
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 3 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6					
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/Non-Motorist See Above				1 4 4 0 0 10 1									
LERAT, FLORENCE 42 MADISPAN AVE SHARON, MA 02067				F 3 1 4 4 0 0 10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

Based on observations, and statements made, the following occurred.

M/V#1 was traveling south on Linden St. as it entered the intersection of Linden St. and Ossipee Rd. it was struck on the driverside door by M/V#2.

The operator of M/v#1 stated that M/V#2 did not stop at the stop sign for Ossipee Rd. The Operator of M/V#2 stated that M/V#1 was traveling too fast.

It should be noted there are stops signs where Ossipee Rd. intersects with Linden St (east and west), and Linden St does not have stop signs.

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

STEVEN C EMMANUEL

NEWTON POLICE DEPART

05/31/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date