

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/08/2022		Time of Crash 10:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 35 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:							
<div><div><div>SOUTH</div><div>Route# Direction Name of Roadway/Street At WEST TREMONT STREEET Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street</div></div></div>				<div><div>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</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000500							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BARBIERI JOSEPH Address 76 COLBORNE RD City BRIGHTON State MA Zip 02135 Insurance Company GOVERNMENT EMPLOYEES Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 1JFP49 Reg Type PAN Reg State MA Veh Year 2017 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 30 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y									
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				1									
Operator See Above													
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator NKWONTA OBVIAGELI Address 70 CHARLES BANK WAY (apt. F) City WALTHAM State MA Zip 02453 Insurance Company GOVERNMENT EMPLOYEE Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 2YKE99 Reg Type PAN Reg State MA Veh Year 2017 Veh Make LEXUS Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 4 24 24 5 11 Totaled Underride/Override 25 Towed Y									
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Operator/Non-Motorist See Above													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

TREMONT STREET

4 MARLBORO ST

Unit 1

Unit 2

Unit 1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

THE OPERATOR OF MV#1 STATED HE WAS TRAVELING WEST BOUND ON TREMONT STREET WHEN MV#2 BACKED OUT OF A DRIVEWAY AND STRUCK HIM. THIS CAUSED HIM TO THEN CRASH INTO A FENCE AT 4 MARLBORO STREET. THE OPERATOR OF MV#2 STATED SHE WAS BACKING OUT OF A DRIVEWAY WHEN SHE STRUCK MV#1. SHE STATED THAT MV#1 WAS SPEEDING. THE PROPERTY OWNER AT 4 MARLBORO STREET WAS ON SCENE AND AWARE OF THE PROPERTY DAMAGE. BOTH OPERATORS HAD CONFLICTING STATEMENTS BUT MV#1 HAD THE RIGHT OF WAY. BOTH VEHICLES WERE TOWED BY TODYS TOWING. BOTH OPERATORS APPEARED TO HAVE MINOR INJURIES AND WERE TRANSPORTED. THERE WAS AIRBAG DEPLOYMENT TO MV#1. BOTH VEHICLES HAD MAJOR DAMAGE.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
LEEDS, KATHRINE,	4 MARLBORO ST NEWTON, MASSACHUSETTS 02		97	FENCE

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

MATTHEW C TOCCI

NEWTON POLICE DEPART

06/08/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date