

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/09/2022		Time of Crash 15:43 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	Speed Limit 20 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 CHESTNUT 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 PINE RIDGE 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 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000508							
License # --- St MA DOB/Age ---				Reg # IC71MF Reg Type PAS Reg State MA									
Sex F Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make VOLVO Veh Config. 1 20									
Operator BUSHER MEREDITH				Owner (Same as operator)								12	
Address 293 SEAVIEW AVE				Address _____									
City SWANSEA State MA Zip 02777				City _____ State _____ Zip _____									
Insurance Company SAFETY INSURANCE				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					
Operator				See Above				Sex ---					
RIVERA-OSORIO, PALOMA				293 SEAVIEW AVE SWANSEA, MA 02777				F 6 1 4 4 0 0 10 2					
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 ---				Reg # 9LFT60 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021 Veh Make VOLVO Veh Config. 1 20									
Operator MEYER STEPHANIE				Owner (Same as operator)									
Address 74 PURITAN RD				Address _____									
City NEWTON State MA Zip 02468				City _____ State _____ Zip _____									
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 43 22 22 2				3 4					
Citation # (If Issued) _____				Most Harmful Event 43 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 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													
Name (Last First Middle)				Address				Age/DOB					
Operator/Non-Motorist				See Above				Sex ---					
								1 2 4 0 1 7 2					

→ 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:**

On June 6th 2022, at approximately 1543hrs, I, Officer Dragone, responded in the area of Chestnut St and Beacon St for a report of a rollover motor vehicle crash. Upon arrival, vehicle 1 was parked on Chestnut St, just past the intersection at Pine Ridge Rd facing Southbound. The operator of vehicle 1 was accompanied by a juvenile passenger who was in the back seat. Vehicle 2 was rolled over onto the drivers side of the vehicle at the corner of Chestnut St and Pine Ridge Rd. There were yaw marks located in the southbound lane of Chestnut St that trailed behind vehicle 2. Inside vehicle 2, the operator was trapped inside and was not able to get out. There was heavy front end damage to vehicle 1 and heavy damage to the passenger side of vehicle 2 which was the point of impact. Both vehicles had airbag deployment.

Operator 1 stated she was experiencing neck pain and the passenger stated she did not have any injuries.

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
GEE, AGNES,	45 HILLSIDE AVE NEWTON, MA 02465	-----	N

**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

**ROBERT DRAGONE**      **NEWTON POLICE DEPARTMENT**      **06/09/2022**

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00



