

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/12/2022		Time of Crash 15:43 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	
PINE ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
EAST RIVER ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000516							
License # --- St MA DOB/Age ---				Reg # 2TZN14		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2021		Veh Make FORD		Veh Config. 2 20					
Operator WENTWORTH WILLIAM 0				Owner (Same as operator)									12
Address 19 ROSEMONT AVE				Address									
City WALTHAM State MA Zip 02451				City		State		Zip					
Insurance Company USAA GENERAL INDEMNITY COMPANY				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		1 24 24		11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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		-----		--- 1 4 99 0 0 10 1		NONE			
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 # 8AZ247		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2012		Veh Make VW		Veh Config. 1 20					
Operator STOVALL BAYLEE J				Owner (Same as operator)									
Address 23 BRIDLE PATH				Address									
City WALTHAM State MA Zip 02762				City		State		Zip					
Insurance Company GOVERNMENT EMPLOYEES INSURANCE COMPA				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23		19 24 24		5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24		Underride/Override 25 Towed Y							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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			
Operator/Non-Motorist				See Above		-----		--- 1 4 99 0 0 10 1		NONE			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Pine Street

River Street

Unit 1

Unit 2

P.O.I.

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:

Operator of MV1 states he was traveling east on River Street. Operator of MV1 saw a pedestrian in the crosswalk, he slowed then stopped to allow him cross the street. When MV1 stopped he was hit in the rear by MV2.

Operator of MV2 states he must not have been paying attention. Operator of MV2 states MV1 was slowing down and he thought he was going to turn onto Pine Street. Then MV1 came to a stop. MV2 states he did not anticipate the stop. Operator of MV2 states he down shifted and hit the brakes but did not stop in time and struck MV1.

Due to witness statements, operator of MV2 was questioned about cell phone use. Operator of MV2 states he was not using his cell phone. He is a delivery driver and it was open on the passenger seat so he could be

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CURRID, KEVIN,	216 RIVER ST W. NEWTON, MA 02465	-----	Y

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

tracked by the app. Operator of MV2 could not find his phone at first so asked if it had flown out the window.

No reported injuries. NFD notified for the spill. MV2 was towed by Todys. MV1 was moved safely off to a parking spot on Pine Street to await his own tow.

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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 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 #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

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

ALLAN L CICCONE, III

NEWTON POLICE DEPART

06/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date