

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/26/2022		Time of Crash 03:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 0	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:						9	
Route# Direction Name of Roadway/Street At				16 NORTH 919 WATERTOWN ST		Route# Direction Address # Name of Roadway/Street						2 10	
				Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				30FT Feet N X E W of DUNSTAN ST		Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Landmark						4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000570							
License # --- St XX DOB/Age ---				Reg # 1DKR35 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make HONDA Veh Config. 1 20									
Operator CRUZ-GONZALEZ KELLYN				Owner (Same as operator)								12	
Address 14 LINCOLN RD				Address									
City NEWTON State MA Zip 02458				City State Zip									
Insurance Company PERMANENT GENERAL				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 2 22 20 22 2 22 22		Event Sequence 2 23							
Citation # (If Issued) T2080938				Most Harmful Event 2 23		Driver Contributing Code 15 24 24							
Violation 1: Ch 89/4A Sec Violation 2: Ch Sec				Underride/Override 25 Towed Y		Diagram: 10 Undercarriage 5 11 Totalled							
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		2			
Operator See Above				-----		1 3 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---				Reg # KVE7969 Reg Type Reg State NY									
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2004 Veh Make NISSAN Veh Config. 1 20									
Operator _____				Owner READE DANIEL J									
Address _____				Address 20 NORTHWOOD DR									
City State Zip				City BALLSTON SPA State NY Zip 12020									
Insurance Company ALLSTATE				Vehicle Action Prior to Crash 11 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		Event Sequence 1 23							
Citation # (If Issued)				Most Harmful Event 1 23		Driver Contributing Code 1 24 24							
Violation 1: Ch Sec Violation 2: Ch Sec				Underride/Override 25 Towed N		Diagram: 10 Undercarriage 5 11 Totalled							
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				-----		-----							



→ 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:**

MV1 was traveling WESTBOUND on Watertown St when it collided with two parked cars. MV2 (NY Reg:KVE7969) was parked facing Westbound on Watertown St across from Dunstan St and MV3 (FL Reg:IGF7B) was parked in front of 919 Watertown St also facing Westbound. MV1 collided with MV2 and then continued Westbound, hit the curb and then collided with MV3. MV1 sustained heavy front end damage and airbag deployment. MV2 sustained heavy rear end driver's side damage. MV3 sustained minor rear end passenger side damage. MV1 operator signed a refusal with the medics. No medical issues. Operator was in a high emotional state due to a recent breakup with their partner. Tody's towed MV1. Owner of MV2, resides at 919 Watertown St, came out during the incident and was able to provide her information. MV2 was still driveable. A note was placed on MV3 with crash information. There was already existing damage to the stone wall and the fire hydrant outside of 919

(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 # \_\_\_\_\_ (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

ALEX N KANE	38800	NEWTON POLICE DEPT	06/26/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

♀ Pedestrian

[illegible]

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

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

42

CDP1 11 -24:00