

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/29/2022	Time of Crash 16:20 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	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:									
SOUTH CRAFTS ST Route# Direction Name of Roadway/Street At WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			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											
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000588							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator HERNANDEZ SANTOS Address 22 E HANSEN RD City WALTHAM State MA Zip 02451 Insurance Company GEICO INSURANCE			Reg # 387RK5 Reg Type PAN Reg State MA Veh Year 2002 Veh Make FORD Veh Config. 1 20 Owner HERNANDEZ HECTOR I Address 22 E HANSEN RD City WALTHAM State MA Zip 02451 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 3 22 22 22 22 2 Most Harmful Event 3 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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			See Above		-----		---		---		1 4 4 0 0 10 1			
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants		<input checked="" type="checkbox"/> Non-Motorist A Type 1 14		Action 1 15		Location 1 16		Condition 1 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St --- DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____ Operator JEREMY ASHLEY Address 31 B ST City BELMONT State MA Zip 02478 Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ 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		-----		---		---		8 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Washington St

Craft St

Unit 1

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:**

On Wednesday, 6/29/2022, at approximately 1630 hours, I, Ofc Murphy was dispatched to the intersection of Craft St and Washington St for a MVA involving a pedestrian. Upon arrival, I spoke with a witness, Ms. Tunde Kovacs. Tunde stated she observed MV 1 taking a right turn from Craft St onto Washington St. Tunde stated she also observed an unknown pedestrian attempt to cross the cross walk on Washington St at this intersection without the cross walk light. When MV 1 took the turn he struck the unknown pedestrian. Tunde further stated the pedestrian got into MV 1 with the Operator. Tunde provided the plate of the vehicle, MA reg 387RK5. Tunde also stated the pedestrian was wearing tan pants with a gray short sleeve t shirt.

I was able to make contact with the driver of MV 1 via telephone. I spoke with Mr. Santos Hernandez. Santos stated he took the right hand turn from Craft St onto Washington St and did not know anyone was in the cross

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
KOVACS, TUNDE,	135 PEMBROKE ST BOSTON,MA 02118	-----	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

**DONALD MURPHY**      **NEWTON POLICE DEPT**      **06/29/2022**

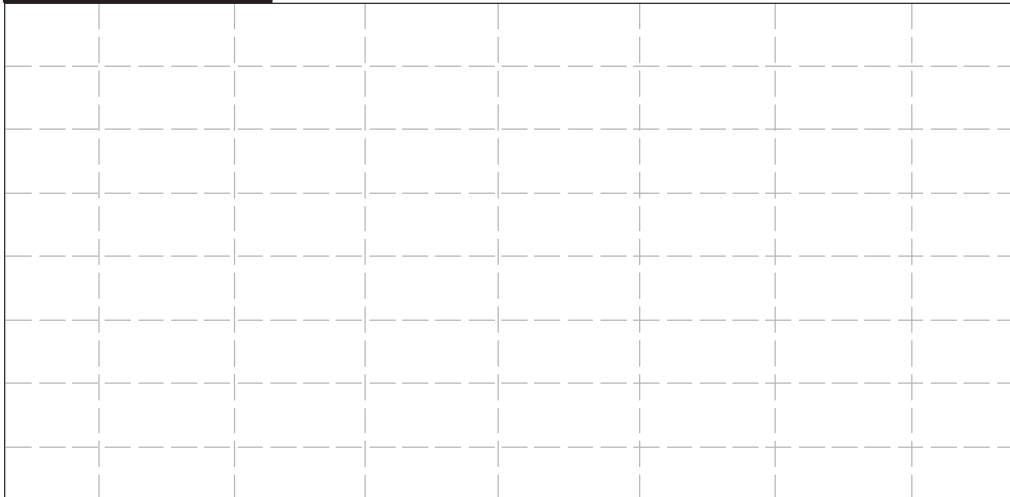
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24-00

→ 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:

walk because the cross walk light was not on. Santos struck the unknown pedestrian while making this turn. Santos further stated the pedestrian was ok and just wanted a ride home. Santos stated he brought him home to his address in Belmont. Santos was able to provide a phone number for the unknown pedestrian. There was no damage to MV 1.

I spoke with the pedestrian, Mr. Ashley Jeremy. Jeremy stated he was attempting to cross Washington St at the intersection of Washington and Craft St in the cross walk southbound when he was struck by MV 1. Jeremy stated he didn't believe he was badly hurt on scene and just wanted a ride home from MV 1. Jeremy further

(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 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

DONALD MURPHY

NEWTON POLICE DEPART

06/29/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

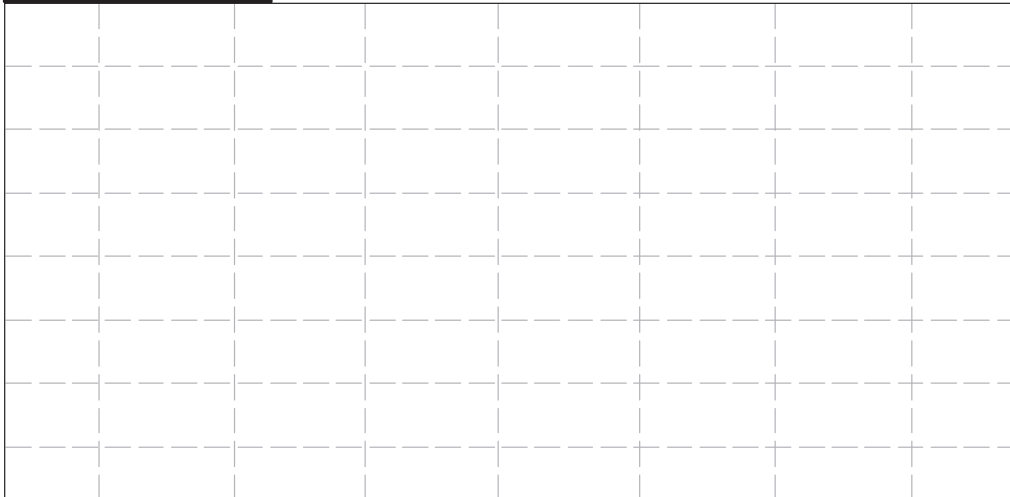
Precinct/Barracks

Date

→ 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:

stated he is unsure if he used the cross walk light but he thinks he "probably didn't." Jeremy stated he has a small cut on his back and his right leg is a little sore. Jeremy further stated he might go to the doctor on his own accord to get evaluated.

---

---

---

---

---

---

---

---

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 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

DONALD MURPHY

NEWTON POLICE DEPT.

06/29/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date