

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/01/2019	Time of Crash 17:34 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	Speed Limit 50 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			9 WEST 335 BOYLSTON ST							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street Landmark							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000793			
License # St MA DOB/Age			Reg # 5PG164		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2004		Veh Make HONDA		Veh Config. 2 20			
Operator TOUMA RAID			Owner TOUMA ELIAS							
Address 64 MONTVALE ST			Address 64 MONTVALE ST							
City ROSLINDALE State MA Zip 02131			City ROSLINDALE		State MA Zip 02131					
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 51 22 20 22 28 22 35 22		3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 35 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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			Age/DOB Sex		26 1 27 1 28 1 29 0 30 0 31 8 32 1 33 1		NONE			
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants		<input checked="" 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 #		Reg Type		Reg State			
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year		Veh Make		Veh Config. 20			
Operator SPIEGEL ONIR			Owner							
Address 460 HEATH ST			Address							
City BROOKLINE State MA Zip 02467			City		State Zip					
Insurance Company			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed							
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			Age/DOB Sex		26 10 27 1 28 1 29 10 30 1 31 1 32 1 33 1		NONE			

→ 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 August 1, 2019 at approximately 17:34 hours I, Officer Guarino, responded with Newton Fire and Medics for a report of a single vehicle crash into the building of 335 Boylston St.

Upon arrival, the operator and sole occupant of the vehicle was out of the vehicle and had minor injuries.

MV1 struck a stop sign and was up against 335 Boylston St, which appeared to have a broken window and minor structural damage.

Operator of MV1 said that he was traveling in the right lane of Boylston St (Westbound) when a white Mercedes sedan (unknown model or registration number) turned into his lane and almost struck his vehicle. Operator of MV1 swerved to the right to avoid a collision and as a result crashed into the stop sign on John St. and the side of 335 Boylston St.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
WILSON, BEDOYA,	280 BOYLSTON ST NEWTON, MA 02467	-----	N

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
SPIEGEL, ONIR,	167 DUDLEY RD NEWTON, MASSACHUSETTS 0	6178170473	97	BUILDING OF 335 BOYLSTON ST
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	STOP SIGN

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

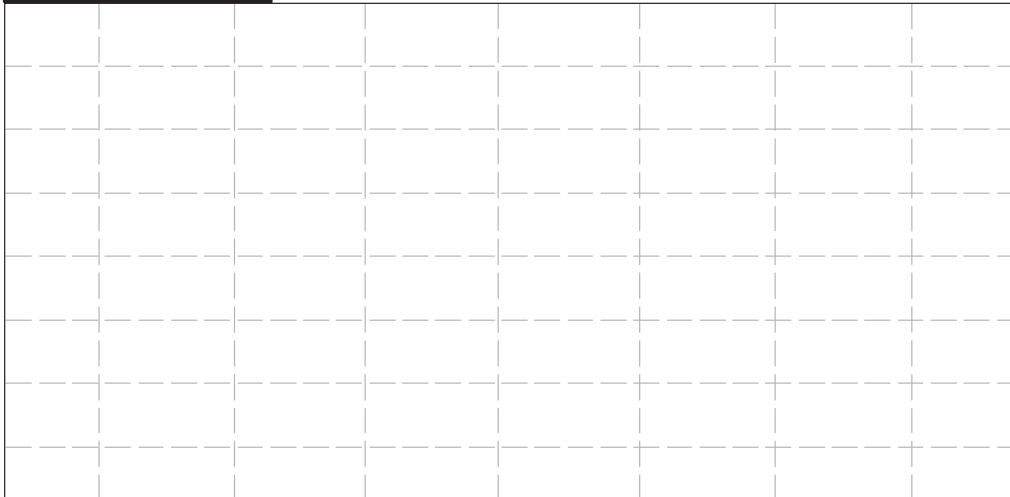
CHARLES P GUARINO	38802	NEWTON POLICE DEPART	08/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

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:

Witness 1, who was parked at 325 Boylston St. saw the incident and corroborated MV1's story. A second witness, who I was unable to make contact with stopped and gave MV1 his phone number of (508)215-4951 and texted MV1 that he caught up with the possible vehicle, MA Reg 9BT373, which comes back to DESOUZA PLASTERING SERVICES INC. I will attempt to make contact with an operator during their business hours. The owner of 335 Boylston St, Onir Spiegel, was on scene, was given the incident number and was advised to contact her insurance company. MV1 was towed from the scene by Tody's and the operator signed a patient refusal from the Medics. Pictures were taken at the scene of the damage and submitted to IT to be attached to this report. Sergeant McLean notified the DPW for the stop sign and glass in the roadway. Sergeant McLean also left a message for Newton

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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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

08/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

Inspectional Services to come inspect damage to the building at a later time.

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

Gross Vehicle Weight

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

Hazmat Information:

Placa

Material 1 digit #

Material Name_____

Material 4 digit #

Release code

42

CHARLES P GUARINO

38802

NEWTON POLICE DEPARTMENT

08/01/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____



