

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 09/28/2019	Time of Crash 15:32 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	
Number Vehicles 2		Number Injured 0		Speed Limit 25 Latitude Longitude	
State Police Local Police MBTA Police Other:					
AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
EAST CRAFTS ST					
Route# Direction Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street			
At					
NORTH MORRILL ST					
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Mile Marker Exit Number			
Also at Intersection with					
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street			
		Feet N S E W of		Landmark	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
Case Number		190000986			
License # --- St MA DOB/Age ---		Reg # 94CY78 Reg Type PAN Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		Veh Year 2010 Veh Make HONDA Veh Config. 1 20			
Operator THURSTON VICTORIA M		Owner (Same as operator)			
Address 43 PRATT DR		Address			
City NEWTON State MA Zip 02465		City State Zip			
Insurance Company AMICA		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		10 Undercarriage	
Citation # (If Issued)		Most Harmful Event 1 23		11 Totaled	
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 1 24 24			
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		1 4 4 0 0 10 1			
THURSTON, SAMANTHA 43 PRATT DR NEWTON, MA 02465		F 11 1 4 4 0 0 10 1			
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 # R43023 Reg Type CON Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL		Veh Year 2015 Veh Make FORD Veh Config. 2 20			
Operator CERNA-BENTURA BRIAN		Owner MARCO LANDSCAPING			
Address 83 LEXINGTON ST (apt. 1)		Address 221 SMITH ST			
City WALTHAM State MA Zip 02453		City WALTHAM State MA Zip 02451			
Insurance Company SAFETY		Vehicle Action Prior to Crash 1 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		10 Undercarriage	
Citation # (If Issued) T1442839		Most Harmful Event 1 23		11 Totaled	
Violation 1: Ch 90/24/F Sec Violation 2: Ch 90/24/J Sec		Driver Contributing Code 10 24 97 24			
Violation 3: Ch 90/10/A 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/Non-Motorist See Above		1 4 4 0 0 10 1			

→ 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 (2010 Honda Fit; MA Reg: 94CY78) was traveling East on Crafts St, and came to a complete stop signaling to turn left onto Morrill St. MV2 (2015 Ford F250; MA Con: R43023) rear ended MV1, resulting in severe damage to the Honda. No damage was done to MV2. No injuries were reported. MV1 operator, Victoria Thurston, called AAA for a tow. Tody's was called for the Ford F250 due to MV2 operator, Brian Cernabentura's level of intoxication and unlicensed operation of the vehicle. Brian spoke Spanish and a passerby was able to translate some of my questions to him. I asked for identification and if he had been drinking. Brian did not give me any form of identification and he was very unsteady on his feet, glassy and bloodshot eyed. He was taken into custody by myself and booked at headquarters in the usual manner. Incident report 19041143

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 DEPART	09/28/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date