

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 10/05/2019		Time of Crash 16:36 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															
NORTH CHERRY ST												2															
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10															
WEST RIVER ST						Feet N S E W of _____ 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 _____						6															
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001015																			
License # --- St MA DOB/Age ---				Reg # 8WZ699		Reg Type PAN		Reg State MA																			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018		Veh Make SUBA		Veh Config. 1 20																			
Operator CASILLAS DAVID				Owner EAN HOLDINGS LLC									12														
Address 125 LEXINGTON ST. (apt. 24)				Address 14002 EAST 21 ST STE 1500																							
City NEWTON State MA Zip 02465				City TULSA State OK Zip 74134																							
Insurance Company SAFECO				Vehicle Action Prior to Crash 4 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		9		10 Undercarriage 11 Totaled																			
Citation # (If Issued) T1445381				Most Harmful Event 1 23																							
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24																							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N																							
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	
Operator				See Above		-----		---		1		4		4		0		0		10		1					
CASILLAS, JADEN				125 LEXINGTON ST (apt 24) MA 02466		-----		M		6		1		4		4		0		0		10		1			
MOEHL, DAMIEN				187 CHERRY ST NEWTON, MA		-----		M		4		1		4		4		0		0		10		1			
DESAI, ARYAVEER				125 LEXINGTON ST (apt 33) NEWTON, MA		-----		M		5		1		4		4		0		0		10		1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 697YC9		Reg Type PAN		Reg State MA																			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2014		Veh Make HYUN		Veh Config. 1 20																			
Operator BARRETO LUIZA				Owner BAMRICK KATARINA																							
Address 155 LEXINGTON ST				Address 155 (apt. 22) LEXINGTON ST																							
City NEWTON State MA Zip 02466				City NEWTON State MA Zip 02466																							
Insurance Company USAA				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 1 22 22 22 22		9		10 Undercarriage 11 Totaled																			
Citation # (If Issued) _____				Most Harmful Event 1 23																							
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N																							
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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					
BAMRICK, KATARINA				155 LEXINGTON ST (apt 22) NEWTON, MA 02466		-----		F		3		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:

Operator of vehicle 1 stated he was traveling eastbound on River St and was taking a left turn onto Cherry St and was struck head on with vehicle 2.

Operator of vehicle 2 stated she was traveling westbound on River St and as she was entering the intersection of Cherry St the traffic light turned yellow and vehicle 1 which was traveling eastbound made a sudden left turn leaving her no time to stop and the vehicles collided. Vehicle 1 then sped off northbound on Cherry St and returned a minute or two later.

I spoke to a witness, Jena Castro-Casbon who stated she saw vehicle 1 traveling northbound on Cherry St at a high rate of speed and drop of a child at 187 Cherry St then turn around and return to the accident scene at a high rate of speed again. 187 Cherry St is 0.4 miles from the intersection of River St. Operator of

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CASTRO-CASBON, JENA,	90 WARWICK RD NEWTON, MA 02465	-----	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 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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

10/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

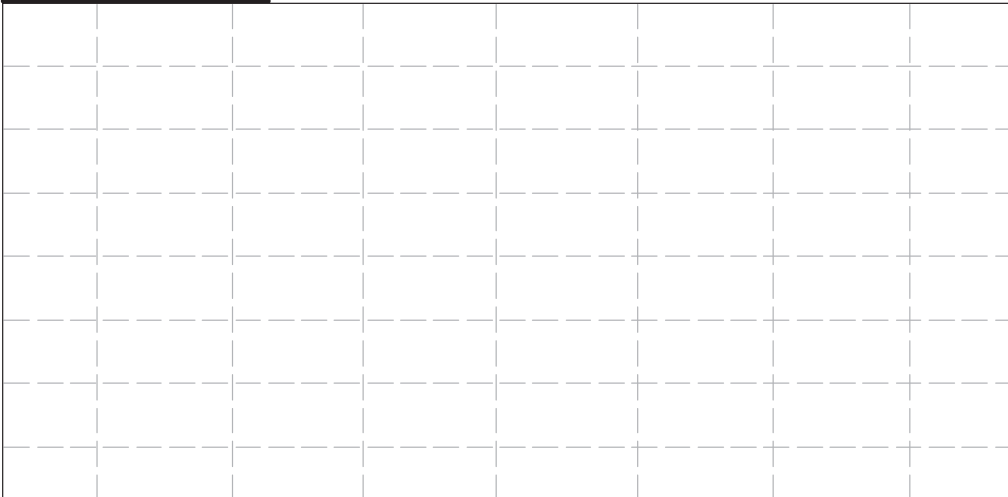
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

vehicle 1 stated he had two of his sons friends in the vehicle and he thought it would be best to get one of them home to 187 Cherry St and then come back to exchange information. I followed up with the child and his parents at 187 Cherry St and he was uninjured.

I issued the operator of vehicle 1 MA Uniform Citation #T1445381 for 89/8 failure to yield. No one reported any injuries and neither vehicle required a tow.

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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPT

10/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

