

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/21/2019	Time of Crash 15:41 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 1201 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>3</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001327		
License # _____ St MA DOB/Age _____			Reg # 812BZ7			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2004			Veh Make HONDA			Veh Config. <u>1</u> <u>20</u>		
Operator BERTERO MARGARET Last First Middle			Owner (Same as operator)			First Middle					
Address 330 MARKET ST			Address _____			First Middle					
City BRIGHTON State MA Zip 02135			City _____ State _____ Zip _____			First Middle					
Insurance Company COMMERCE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			1 2 3 4 5 6 7 8 9 10 11					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed Y			1 2 3 4 5 6 7 8 9 10 11					
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
GUILMAIN, ROLAND			330 MARKET ST BRIGHTON, MA 02135			-----			M 3 1 1 1 0 0 10 1		
COGLIONI, DANIELE			330 MARKET ST BRIGHTON, MA 02135			-----			M 6 1 4 1 0 0 10 1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants											
<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>											
<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped											
License # _____ St MA DOB/Age _____			Reg # 3EF781			Reg Type PAN			Reg State MA		
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2010			Veh Make TOYOTA			Veh Config. <u>1</u> <u>20</u>		
Operator CABRINI CRISTIANO M Last First Middle			Owner (Same as operator)			Last First Middle					
Address 233 S QUINSIGAMOND AVE			Address _____			First Middle					
City SHREWSBURY State MA Zip 01545			City _____ State _____ Zip _____			First Middle					
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) T2079756			Most Harmful Event <u>1</u> <u>23</u>			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>9</u> <u>24</u> <u>24</u>			1 2 3 4 5 6 7 8 9 10 11					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed Y			1 2 3 4 5 6 7 8 9 10 11					
Please fill out for operator and all occupants involved											
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		
						-----			1 3 1 0 0 10 1		

Crash Narrative:

ON 12-21-19 AT APPROX. 1541HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1201 COMMONWEALTH AVE. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING E-BOUND ON COMM AVE. WHEN SHE SAW VEHICLE #2 CROSS THE DOUBLE YELLOW LINE AND HIT HER VEHICLE. VEHICLE #2 STATES HE WAS TRAVELING W-BOUND ON COMM AVE. HE REACHED FOR AN ITEM ON HIS PASSENGER SIDE FLOOR. HE STATES WHILE DOING SO HE LOST CONTROL OF HIS VEHICLE, CROSSED THE YELLOW LINE AND HIT VEHICLE #1. THERE WAS A WITNESS ON SCENE WHO STATED HE WAS TRAVELING E-BOUND ON COMM AVE. BEHIND VEHICLE #1. WHILE DRIVING HE SAW VEHICLE #2 CROSS THE YELLOW LINE AND HIT VEHICLE #1. VEHICLE #1 HAD EXTENSIVE LEFT SIDE DAMAGE AND AIRBAG DEPLOYMENT. VEHICLE #2 HAD EXTENSIVE LEFT SIDE DAMAGE AND AIRBAG DEPLOYMENT. ALL PARTIES REPORTED NO INJURIES AND SIGNED PATIENT REFUSALS. BOTH VEHICLES WERE TOWED BY TODYS. BASED ON THE TESTIMONIES OF BOTH DRIVERS AS WELL AS THE WITNESS

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
GOLDSWORTHY , ALAN,	9A AUTUMN DR HUDSON,MA 01749	----	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

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

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 1 2 = Vehicle 2



♀ Pedestrian

[illegible]

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:

OBSERVATIONS THE OPERATOR OF VEHICLE #2 WAS MAILED A CITATION (T2079756, 89/4A, MARKED LANES VIOLATION). ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

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

THOMAS P WALSH

NEWTON POLICE DEPARTMENT

12/21/2019

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____