

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/26/2020	Time of Crash 02:18 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 84 DERBY ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000247		
License # --- St XX DOB/Age ---			Reg # 1HLK36 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HONDA Veh Config. 1 20			Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment		
Operator DIRGHAM SABRINA			Owner NOGUEIRA DAWNA			Address 86 DERBY ST			City NEWTON State MA Zip 02465		
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 35 22 35 22 22 2		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Most Harmful Event 35 23			Driver Contributing Code 10 24 24			Underride/Override 25 Towed Y		
Citation # (If Issued) T2012818			Violation 1: Ch 90/24/E Sec Violation 2: Ch 89/4/A Sec			Violation 3: Ch 90/24/C Sec Violation 4: Ch 90/24/E Sec			10 Undercarriage 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above			Operator		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age ---			Reg # 312FG7 Reg Type PAN Reg State MA			Veh Year 1998 Veh Make FORD Veh Config. 1 20			Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		
Operator ---			Owner LOW STEPHEN			Address 84 DERBY ST			City NEWTON State MA Zip 02465		
Insurance Company SAFECO			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 1 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			10 Undercarriage 11 Totaled		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above			Operator		

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 03/26/2020	Time of Crash 02:18 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 20 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			Route# Direction Address # Name of Roadway/Street Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> of _____ Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000247	
License # --- St XX DOB/Age ---			Reg # 1HLK36 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HONDA Veh Config. 1 20				
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Operator DIRGHAM SABRINA			Owner _____				
Address 86 DERBY ST			City NEWTON State MA Zip 02465			Insurance Company GEICO				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 35 22 35 22 22			Most Harmful Event 35 23				
Citation # (If Issued) T2012818			Driver Contributing Code 10 24 24			Underride/Override 25 Towed Y				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
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				
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Operator ---			Owner ---				
Address ---			City --- State --- Zip ---			Insurance Company ---				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? ---			Event Sequence 22 22 22 22			Most Harmful Event 23				
Citation # (If Issued) ---			Driver Contributing Code 24 24			Underride/Override 25 Towed ---				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)				
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				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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 Thursday March 26, 2020 at approximately 0218 hours I responded to 84 Derby st for a report of a car accident.

Upon arrival a Blue Honda Sedan MA reg 1HLk36 was on the street outside of 84/86 Derby St with major damage to the front and rear of the vehicle. The vehicle was unoccupied and came back to 86 Derby St.

I spoke to the resident, Dawna Noguira, who stated her 14 year old daughter Sabrina Dirgham was the operator of the vehicle. I Then spoke to Sabrina who stated she took her mothers car without her permission. Sabrina stated she reversed out of the driveway and drove over the sidewalk across the street and hit the wall at 79 Derby St. She then stated she attempted to turn but accelerated too fast which caused her to hit her neighbors side of the duplex and vehicle MA Reg 312FG7 at 84 Derby St. The impact of the collision with the

(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

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

➔ 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:

house caused the vehicle to roll back into the middle of Derby street. Sabrina then fled from the vehicle, abandoning it in the street, and going into her house because she was scared.

Sabrina declined medical attention and her mother signed a refusal. Vehicle 1 was towed from the scene by todys.

Sabrina was given in hand MA Citation T2012818 for 90/10 Unlicensed Operation, 89/4A Marked Lanes Violation, 90/24C Leaving the Scene of Property Damage and MA Citation T2012819 for 90/24 Use Without Authority and 90/24E Negligent Operation.

A message was left with the city building inspector to check the house tomorrow.

Pictures of the damage of both vehicles, house and wall were submitted to IT.

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 _____

39

Hazmat Information:

Placard	40
---------	----

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

RICHARD NEWTON

NEWTON POLICE DEPARTMENT

03/26/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____