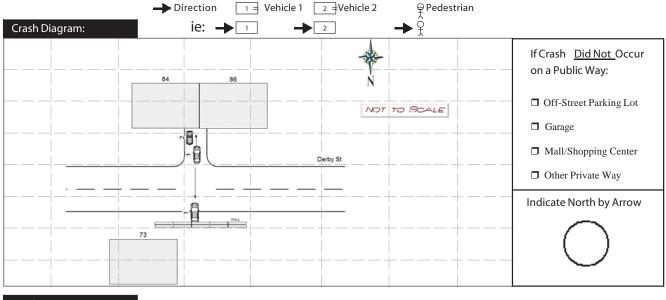
	Poli	ce Use Only		Commonweal	th o	f Massa	achu	isetts	\$		RMV	V Docui	ment Number		
	Date of Crash 03/26/2020	Time of Crash 02:18 24HR	City/Town	Motor		icle Cra Report	sh	Number Vehicles 2		red Lat	eed Limi itude _ ngitude_		State Police Local Police MBTA Polic Other:	<b>X</b> i	
			SECTION:		OCAT		>		N(				CTION:		
						NORTH	84		DER	BY ST					2
1 <b>4</b>	Route# Direc	tion		oadway/Street	F	Route# Direction	on Ad	dress #		N	ame of F	Roadway	/Street		2 10
			At			Feet [	N S E	W of				or			-
	Route# Direc	tion N	Jame of Intersecting	<u>-</u>		Foot N	N S E	W of	Mil	e Marker			Exit Number	-	
			Also at Interse	ction with	-				Rou	te#	Intersec	ting Roa	ndway/Street	-	6 11
<sup>2</sup> <b>1</b>	Route# Direc	tion	Name of Intersecti	ng Roadway/Street	-	Feet	N S E	w of			T as				<u> </u>
3	[ <b>V</b> ]57.12.1.1	1 #0 .									Lai	ndmark		$\dashv$	
	Vehicle1	#Occupants	Hit/Run	Moped Case N	umber		20	000000247	'					_	
	License#	18 18	St XX	DOB/Age	_	HLK36			_	Type_PA			State MA 20	_	
	Sex_F_ Lic.	Class 99	Lic. Restrictions	CDL Endorsment		ar_2019						Veh Co	onfig. 1		
4 1	Operator DIR		SABRINA First	Middle		NOGUEIRA Las		DAWN	First			Middle	e	—   :	7 <sup>12</sup>
	Address 86 DI					86 DERBY ST	ľ					3.64		- [	
	City NEWTO		State	Zip <u>02465</u>		EWTON			11				Zip <u>02465</u> Circle Up to Th	_	
5	Insurance Com	1 3		N.		Action Prior to		1	21 22	Damag 2	ed Area	Code: (	Circle Up to 11	rree)	
1		Direction: X		nding to Emergency? N			35 22				$\overline{\bigcap}$	$\overline{\mathcal{A}}$	10 Underca	ırriage	
		rsued) T2012818		c: 89/4 A-		armful Event	35	24	24	<b>D</b>	9		11 Totaled	arrage	
<sup>6</sup> 1	1			: ChSec : ChSec		Contributing Co	ode 25	10		<b>8</b>	7		6		
1			tor and all occupa		Underri	de/Override		Towe	ed <u>Y</u>		0 31	32	33		13
	Name (Last Fir			Address	Address Ag			Age/DOB Sex Pos. System Status Sv			Switch Code Code Status Code Wed			ical Facility 2	
	Operator			See Above				99	1	99 0	0	10 1	L		
<sup>7</sup> <b>1</b>	Please Select C of the Followi	I A Vehicle	2 <u>0</u> #Occupants	Non-Motorist A Type	14	Action 1	5 Loca	ation	16 Co	ndition	17	□н	it/Run Mo	pped	
	License#		St	DOB/Age	Reg#3	12FG7			Reg	Type_PA	N	Reg	State MA	_ ]	
	Sex Lic.	Class 18 18	Lic. Restrictions	19 CDL	Veh Ye	ar_1998	Veł	n Make_F0	ORD			Veh Co	onfig. 20		
<sup>8</sup> <b>2</b>	Operator	Last	First	Endorsment	Owner	LOW	t	STEPH	IEN First			Middle	e	_	
	Address				Address	84 DERBY S	Γ							_	
	City		State	zZip	City N	EWTON					State	MA	Zip <u>02465</u>	_	
	Insurance Com	pany SAFECO			Vehicle	Action Prior to	Crash	11	21				Circle Up to Th	nree)	
	Vehicle Travel	Direction: N	S E W Respo	onding to Emergency?N	Event S	Sequence 1	22 22		22	2	3		<b>(4)</b>		
	Citation # (If I	ssued)			Most H	armful Event	1 23		24	1 📥	9		10 Underca (G) 11 Totaled		
	Violation 1: ChSec Violation 2: ChSec					Driver Contributing Code 1 24 1 24									
				4: ChSec	Underri	ide/Override	25	Tower	<u> </u>	8	/	1 22 1	6		
	Pl Name (Last Fi		operator and all o	ccupants involved Address		Age/DOB		26 Seat Safety Pos. System	28 Airbag A n Status	29 3 Lirbag Eje Switch Co	0 31 ct Trap ode Code	32 Injury Tr Status (	33 ansp. Code Medical Fa	cility	
	Operator/	Non-Motorist		See Above											

Date of Crash	Time of Crash		Commonwea				Setts Number	Number		RMV Do Limit <u>20</u>		tate Police	
03/26/2020	02:18	NEWTON			cle Cra	sn	ehicles /	Injured	Latitud	de		tate Police ocal Police MBTA Police	X
	24HR	RSECTION:		LOCAT	Report	>	2	0 NOT	Longit	NTERS		Other:	
	ALINIE	ASECTION:		LOCAT	ION ,			NOI	AII	NIEKS	SEC I	ION:	
		N. CD	1 /0.						3.7	CD 1	/0.		
Route# Direc	ction	Name of Road	iway/Street	R	oute# Direction					e of Roady		eet	—
				-	Feet [	SEV	of –	Mile M	arker	or _	E	Exit Number	_
Route# Direc	ction 1	Name of Intersecting Ro  Also at Intersection		[	Feet N	N S E W	of						
					Feet N	SEV	of	Route#	Int	ersecting l	Roadwa	ny/Street	
Route# Direc	etion	Name of Intersecting	Roadway/Street				_			Landma	ırk		_
X Vehicle 1	_1_#Occupants	☐ Hit/Run	Moped Case I	Number		200	0000247						
		St XX I			HI V26				DAN			MA	
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Insurance Com		State	z.ip	-	Action Prior to		21	_			_ ^	ele Up to Thr	
	Direction: X	S E W Respondi	ng to Emergency? N			2 22	5 22	<b>22</b> 2		3	4		
	Issued) T2012818				armful Event	35 23				4/		10 Undercari	riage
		 c Violation 2: C	hSec		L Contributing Co		24	24	•	9	)	11 Totaled	
Violation	Underri	de/Override	25	Towed	<u>Y</u> 0		7	6					
		ator and all occupant				Sea	6 27 t Safety	28 29 Airbag Airbag	30 Eject	31 32 Frap Injury	2 33 Transp		
Name (Last Fin			Address See Above		Age/DOB	Sex Pos	. System	Status Switch	Code C	Code \$tatus	s Code	Medical Facil	ity
	2			14		5		7		17			_
Please Select ( of the Followi	I Vehicle	e# Occupants	Non-Motorist A Typ	e 14	Action	5 Locati		6 Condit	ion	17	Hit/R	un Mop	oed
License#		St	DOB/Age	Reg#_				 _Reg Typ	e	I	Reg Sta		_
Sex Lic.	Class 18 1	Lic. Restrictions	19 CDL	Veh Yea	ar	Veh l	/lake			Veh	n Config	20	
Operator	Last	First	Endorsment	Owner _	Las			First			liddle		_
Address	Last	Filst	wildle		Eas			riist		191			_
City		State	Zip	City						State	Zip		_
Insurance Com	npany			Vehicle	Action Prior to	Crash	21	Da	ımaged .	Area Cod	le: (Circ	ele Up to Thr	ee)
Vehicle Travel	Direction: N	S E W Respond	ling to Emergency?	Event S	equence 2	2 22	22	22 2		3	4		
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Violatic	Violation 1: ChSec Violation 2: ChSec				Driver Contributing Code 24 24								
		ec Violation 4:		Underri	de/Override	25	Towed	8		1	6		_
Pl Name (Last F		operator and all occ	upants involved  Address		Age/DOB	Sex Po	6 27 t Safety 2 s. System	28 29 Airbag Airbag Status Swite	30 Eject 1 ch Code	31 32 Frap Injury Code Statu	Transp		ility
	Non-Motorist		See Above										
													_



## 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 o	n next page)							
Witnesses:								
Name (Last, First, Middle)	,	Address				Phone #		Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Туре	Descr	ription of Damag	jed Property	
Truck and Bus Information:	Registration #			,				35
Carrier Name						Carrier Issui	ing Authority Cod	le
Address			City			St	Zip	
US DOT #:			Issuing State	ICC #:_			_ Interstate	36
Cargo Body Type Code 37 Gro	ss Vehicle Weight	38				39		
Trailer Reg #:	Reg Type	_ Reg State	Reg Year	Tı	railer Le			
Hazmat Information:								
Placard 40 Material 1 digit #	# 41 Material Nam	ne		Material 4	digit#		Release code	42

_	Direction 1	Vehicle 1 2	yehicle 2	₽Pedestrian	
Crash Diagram:	ie: → 1	2	□ →	Ŷ	
					If Crash <u>Did Not</u> Occur on a Public Way:
					☐ Off-Street Parking Lot
					Garage
j	i i			İ	☐ Mall/Shopping Center
					Other Private Way
	i i				Indicate North by Arrow
				+-	
Crash Narrative:					
house caused the vehicle t	o roll back int	to the middle	of Derby stre	et. Sabrina	then fled from the vehicle,
abandoning it in the stree	t, and going in	to her hous	e because she	was scared.	
Sabrina declined medical a	ttention and he	er mother sig	ned a refusal.	Vehicle 1	was towed from the scene by
todys.					
Sabrina was given in hand	MA Citation T20	12818 for 90	/10 Unlicensed	Operation,	89/4A Marked Lanes Violation,
90/24C Leaving the Scene of	of Property Dama	ige and MA Ci	tation T201281	9 for 90/24	Use Without Authority and
90/24E Negligent Operation	1.				
A message was left with th	e city building	inspector t	o check the ho	use tomorro	w.
Pictures of the damage of	both vehicles,	house and wa	ll were submit	ted to IT.	
Witnesses:					
Name (Last, First, Middle)		Address			Phone # Statement
Property Damage:					
Owner (Last, First, Middle)	Address		Phone #	34-Type Des	scription of Damaged Property
Truck and Bus Information:	D			1.0 4 )	
Carrier Name	-		(From Veh		Carrier Issuing Authority Code
Address			City		
US DOT #:			-		36
37	ss Vehicle Weight	38	15541115 54410	100	Miorstate
		D.c = C4 '	D 37	77 J	Langth 39
Trailer Reg #:  Hazmat Information:	кед гуре	Keg State	Keg Year	Frailer	Length
Placard 40 Material 1 digit :	# 41 Matarial N.	ama		Material Adicia	# Release code 42
riacaid Wiateriai I digit	Wiaterial Na	ame		_ waterial 4 tilgit	π Release code
DICHARD MEMPON					00/07/0000
Police Officer Name (Please Print)	Signature			on POLICE DEPARTM	03/26/2020  Precinct/Barracks Date