

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 08/13/2020		Time of Crash 11:50 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		
EAST BEACON ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____										
SOUTH CHESTNUT ST														
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number										
Also at Intersection with				Feet N S E W of _____								11		
				Route# Intersecting Roadway/Street								3		
Route# Direction Name of Intersecting Roadway/Street				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000448						
License # --- St MA DOB/Age ---				Reg # 1KNW71 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20										
Operator DINAPOLI MARIA				Owner (Same as operator)									12	
Address 44 CEDAR ST				Address _____										
City WELLESLEY State MA Zip 02481				City _____ State _____ Zip _____										
Insurance Company GOVERNMENT EMPLOYEES INSURANCE				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 20 22 35 22 3 22				10 Undercarriage						
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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													1	
Operator See Above				-----										
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 # 1TCZ14 Reg Type PAN Reg State MA										
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make JEEP Veh Config. 1 20										
Operator DOLABANY LEENA				Owner (Same as operator)										
Address 29 STEARNS ST				Address _____										
City WESTWOOD State MA Zip 02090				City _____ State _____ Zip _____										
Insurance Company GEICO				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				10 Undercarriage						
Citation # (If Issued) T2017328				Most Harmful Event 1 23				5 11 Totaled						
Violation 1: Ch 90/34J Sec _____ Violation 2: Ch 90/9/B Sec _____				Driver Contributing Code 99 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/Non-Motorist See Above				-----										

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash		Time of Crash		City/Town		Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit		State Police <input type="checkbox"/>	
		24HR								Latitude		Local Police <input type="checkbox"/>	
										Longitude		MBTA Police <input type="checkbox"/>	
												Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:							
1 Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street						9	
At						Feet N S E W of or Mile Marker Exit Number						10	
2 Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street						11	
Also at Intersection with						Landmark							
3 Route# Direction Name of Intersecting Roadway/Street													
3 <input type="checkbox"/> Vehicle #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped					
4 License # St DOB/Age						Reg #		Reg Type		Reg State		12	
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL						Veh Year		Veh Make		Veh Config. 20			
Operator Last First Middle						Owner Last First Middle							
Address						Address							
City State Zip						City State Zip							
5 Insurance Company						Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)						Most Harmful Event 23		1 9		5 11 Totaled			
6 Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed							
Please fill out for operator and all occupants involved						26 Seat Pos.		27 Safety System		28 Airbag Status		29 Airbag Switch	
Name (Last First Middle) Address						Age/DOB		Sex		30 Eject Code		31 Trap Code	
Operator See Above						-----		---		32 Injury Status		33 Transp. Code	
7 Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants						<input checked="" type="checkbox"/> Non-Motorist A Type 14		Action 7 15		Location 9 16		Condition 1 17	
										<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
8 License # St DOB/Age						Reg #		Reg Type		Reg State			
Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL						Veh Year		Veh Make		Veh Config. 20			
Operator GILMAN ANNA						Owner Last First Middle							
Address 4 TAMWORTH RD						Address							
City WABAN State MA Zip 02461						City State Zip							
Insurance Company						Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)						Most Harmful Event 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed							
Please fill out for operator and all occupants involved						26 Seat Pos.		27 Safety System		28 Airbag Status		29 Airbag Switch	
Name (Last First Middle) Address						Age/DOB		Sex		30 Eject Code		31 Trap Code	
Operator/Non-Motorist See Above						-----		---		32 Injury Status 10		33 Transp. Code 1	

Crash Narrative:

crash caused MV1 to drive over the curb and onto the sidewalk where it made light contact with a baby stroller with a 1 year old inside. MV1 also struck and damaged a Newton Fire Department box that was located on the sidewalk. The baby stroller was being operated by the mother identified as Anna Gilman (S11328154). The pedestrians reported no injuries and signed patient refusals with Medic 2. MV1 sustained moderate front end damage and was towed from the scene by Todys. Dinapoli also reported no injuries and signed a patient refusal with Medic 2.

The operator of MV2, Leena Dolabany (S12410136), stated she was operating her 2018 Jeep Grand Cherokee (MA REG: 1TCZ14) heading east on Beacon Street and had the green light at the intersection of Chestnut Street. Dolabany stated she was in a line of cars in traffic waiting to take the left turn onto Chestnut

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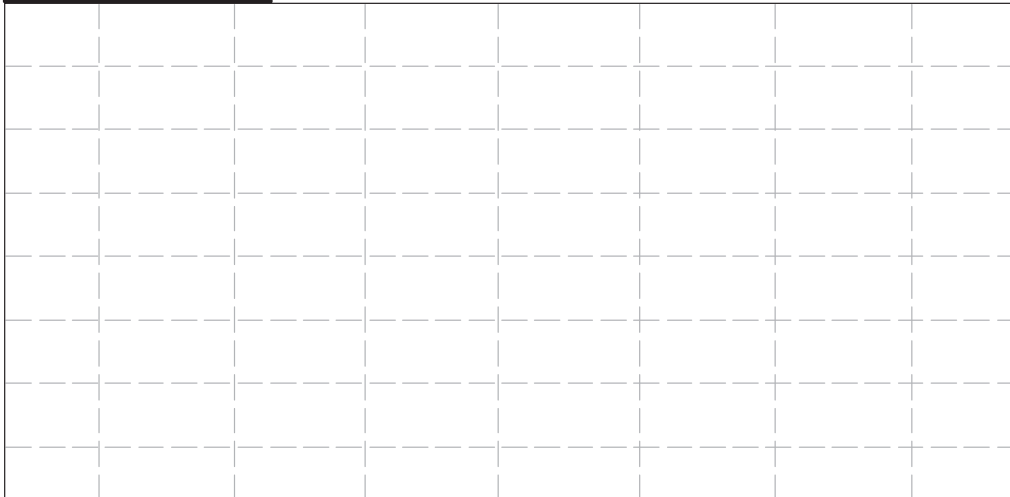
Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ANDREA M FERGUSON			NEWTON POLICE DEPARTA		08/13/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

→ 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:

Street. Dolabany stated as the cars in front of her continued through the intersection she took a left onto Chestnut Street and as she was already into the turn she was struck by MV1. MV2 sustained moderate damage to the passenger side panel. Dolabany reported no injuries and signed a patient refusal by Medic 2. A query of all vehicles and parties involved through dispatch determined that MV2 was revoked for insurance. After speaking with the operator I was informed that MV2 had recently switched insurance agencies and Dolabany was able to provide paperwork from Geico Insurance stating the vehicle was insured. Due to the registry not displaying a valid registration, MV2 was towed from the scene by Todys. I advised Dolabany to contact her insurance company and advise them to update their information with the registry so she can retrieve the vehicle.

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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

ANDREA M FERGUSON

NEWTON POLICE DEPT

08/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

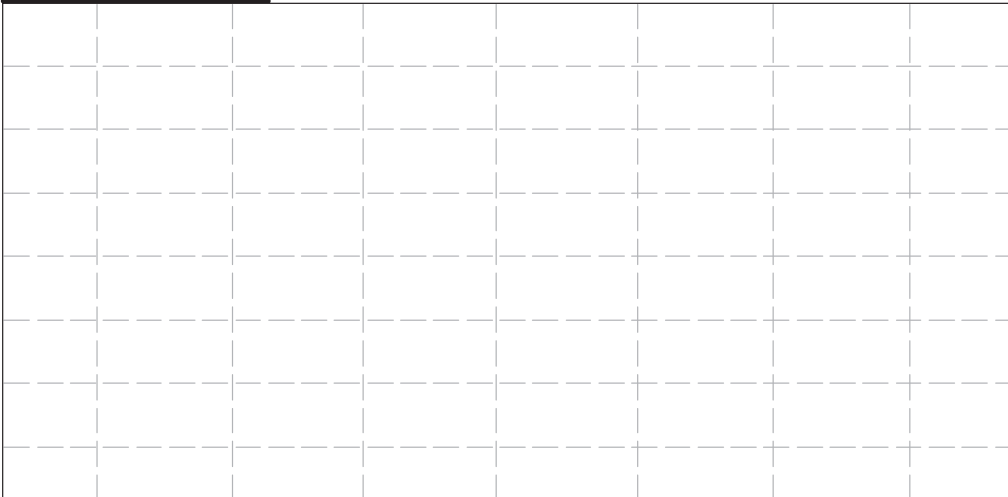
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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on a Public Way:

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Indicate North by Arrow



Crash Narrative:

Photographs of the scene and damage to city property were taken by Officer Wilson and submitted to the IT Bureau.

On August 14th, 2020 I spoke with the operator of MV2, Leena Dolabany and her father George Dolabany in the front lobby of the police station. They provided paperwork from Geico Insurance that stated the vehicle was infact insured at the time of the accident and that there was an error made by the Registry of Motor Vehicles. Sgt. Devine and I advised them that we have to use the Registry's database for our investigation and because it still states the vehicle is revoked for insurance we can not release the license plates. Sgt. Devine advised them they could get another tow company to come and take custody of the vehicle but the plates will be seized until the registry shows an active status on the registration.

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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

ANDREA M FERGUSON

NEWTON POLICE DEPART

08/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

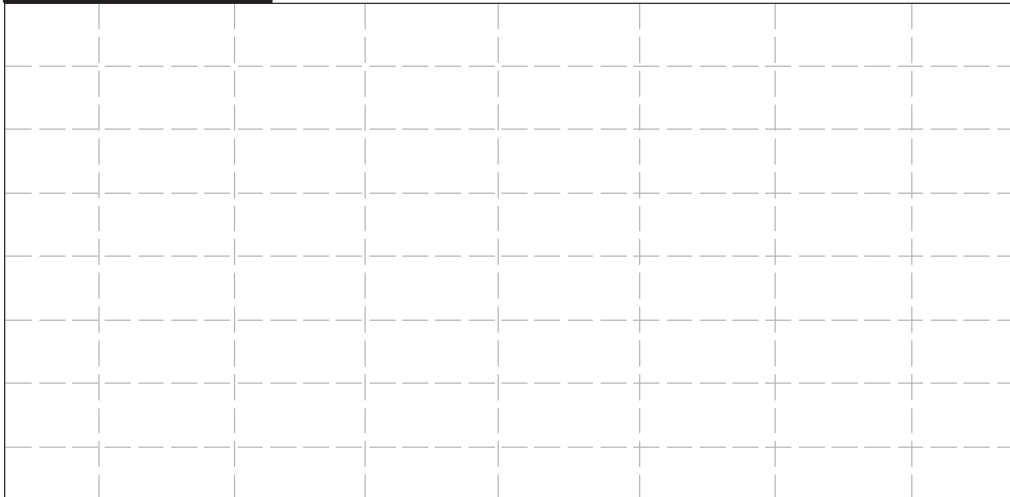
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

I issued Mass uniform citation T2017328 in hand to Leena and advised her she will be summoned for a hearing for the following violations; Ch 90 section 34J Operating MV without insurance and Ch 90 section 9 Unregistered MV.

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

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ANDREA M FERGUSON

NEWTON POLICE DEPTA

08/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date