

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/20/2020	Time of Crash 09:42 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 35 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
NORTH BEACON ST											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet N S E W of _____ or _____				Exit Number				
EAST WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000603		
License # --- St NY DOB/Age ---			Reg # 2068 Reg Type AMN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2009 Veh Make FORD Veh Config. 2 20								
Operator GIOIA GINAMARIE			Owner FALLON SERVICE IN								
Address 73 ROMANA DRIVE			Address 111 (apt. 115) BROOK RD								
City HAMPTON BAYS State NY Zip 11946			City QUINCY State MA Zip 02169								
Insurance Company ARBELLA INSURANCE			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 2			3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			6					
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			---			1 4 99 0 0 10 2			NEWTON WELLESLEY		
ABBOTT, LYDIA, B W			124 US ROUTE ONE FALMOUTH, ME 04105			F 3 1 4 99 0 0 10 2			NEWTON WELLESLEY		
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 # 7RZ466 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make JEEP Veh Config. 2 20								
Operator CARBONI DENNIS			Owner CARBONI BARBARA H								
Address 122 ALBERMARLE ROAD			Address 122 ALBERMARLE RD								
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02460								
Insurance Company COMMERCE 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 22 22 22 2			3 4					
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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			---			1 1 99 0 0 9 2			BRIGHAM AND WOMEN		

→ 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:

Operator of Motor Vehicle # 1 stated that she stopped at the green light on Washington Street (Eastbound) waiting to take a left turn onto Beacon Street to gain access to the facility of CareOne at Newton.

Operator stated she looked and was able to turn left and was halfway into the intersection when a jeep wrangler came out of nowhere driving fast causing her to make impact with vehicle #2.

Passenger of Motor Vehicle # 1 stated that they had a green light and were stopped at the intersection of Washington Street and Beacon Street traveling Eastbound attempting to turn left onto Beacon Street. Passenger of Motor Vehicle # 1 stated that they started turning left because they had a clear path because a box truck was allowing them to turn and a jeep came out of nowhere which caused them to make impact with vehicle #2.

Operator of Motor Vehicle # 2 stated that he was traveling Westbound on Washington Street and he had a green

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
PERRY, WALTER,	25 WATERS AVE, MA 02149	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
CITY OF NEWTON, NEWTON,	BACON ST @ WASHINGTON S NEWTON,		4	TRAFFIC LIGHT
CAREONE, AT NEWTON,	2102 WASHINGTON STREET NEWTON, MASSACHUSETTS 0	617-969-4660	97	CAREONE SIGN AND CEMENT PILLAR

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

ZOI H LAZARAKIS

NEWTON POLICE DEPART

10/20/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

CDP1 11 -24:00