

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/30/2020		Time of Crash 11:57 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	
WEST 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 _____									
NORTH WALNUT 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								4	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000683					
License # --- St MA DOB/Age ---				Reg # 966MS1				Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2013				Veh Make HONDA		Veh Config. 2 20			
Operator LEMBERG JEFFREY A				Owner (Same as operator)								12	
Address 39 ANNAWAN RD				Address _____									
City NEWTON State MA Zip 02468				City _____ State _____ Zip _____									
Insurance Company QUINCY MUTUAL FIRE				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				1 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 N									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator				See Above		-----		---		NONE			
LEMBERG, ELLIE				39 ANNAWAN RD NEWTON, MA 02468		---		F 3		NONE			
ALEXANDER, NATALIE				244 DORSET RD NEWTON, MA 02468		---		F 6		NONE			
ALEXANDER, HANNA				244 DORSET RD NEWTON, MA 02468		---		F 4		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # N41594				Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2016				Veh Make FORD		Veh Config. 2 20			
Operator LUCERO-MARIN OSCAR				Owner NICOLAZZO & SON									
Address 781 MOODY ST (apt. 2)				Address 39 EMERSON ROAD									
City WALTHAM State MA Zip 02453				City WALTHAM State MA Zip 02451									
Insurance Company HARTFORD ACCIDENT & INDEMNITY				Vehicle Action Prior to Crash 6 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				1 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 N									
Please fill out for operator and all occupants involved													
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility			
Operator/Non-Motorist				See Above		-----		---		NONE			
LOPEZ, MANUEL						---		M 3		NONE			
GODOY, CARLOS						---		M 2		NONE			
PINERA, SAELVEN						---		M 5		NONE			



→ 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:

stated as he proceeded to enter the left turn lane on the green light, at the same time #1 reversed from behind him and then drove around him on the left causing the collision. #2 stated #1 drove around the double yellow lines at the time of the collision. #2 sustained moderate damage to driver's side wheel, tire and front end. Mv#2 arranged a private tow from the Mobil garage parking lot.

#### 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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

11/30/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date