

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | |
|---|--------------------------------|---|--|---------------------|-------------------|---|----------------------|---|---|----|
| Date of Crash 12/07/2020 | Time of Crash 16:51 24HR | City/Town NEWTON | Number Vehicles 2 | Number Injured 0 | Speed Limit 35 | Latitude | Longitude | State Police Local Police MBTA Police Other: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | |
| WEST DEDHAM ST | | | | | | | | | 9 | |
| Route# Direction Name of Roadway/Street | | | Route# Direction Address # Name of Roadway/Street | | | | | | 10 | |
| At | | | Feet N S E W of or Mile Marker Exit Number | | | | | | | |
| SOUTH GREENWOOD ST | | | | | | | | | | |
| 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 | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 2 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 2000000713 | |
| License # --- St MA DOB/Age --- | | | Reg # 447G60 Reg Type PAN Reg State MA | | | | | | | |
| Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment | | | Veh Year 2019 Veh Make NISSAN Veh Config. 2 20 | | | | | | | |
| Operator KOPELMAN LUDMILA | | | Owner (Same as operator) | | | | | | 12 | |
| Address 183 OAK ST (apt. 505C) | | | Address | | | | | | | |
| City NEWTON State MA Zip 02464 | | | City State Zip | | | | | | | |
| Insurance Company LM GENERAL INSURANCE COMPANY | | | Vehicle Action Prior to Crash 2 21 | | | Damaged Area Code: (Circle Up to Three) | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 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 99 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 | | Medical Facility | | |
| Operator | | See Above | | --- | | --- | | | | |
| KOPELMAN, BORIS | | 183 OAK ST (apt 505C) NEWTON, MA 02464 | | --- | | M 3 99 4 99 | | 0 0 10 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # S91590 Reg Type CON Reg State MA | | | | | | | |
| Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2011 Veh Make DODGE Veh Config. 2 20 | | | | | | | |
| Operator MESQUITA GABRIEL | | | Owner BARBOSA JAKSON | | | | | | | |
| Address 8 WENTWORTH AVE (apt. 208) | | | Address 98 POND ST | | | | | | | |
| City STOUGHTON State MA Zip 02072 | | | City NATICK State MA Zip 01760 | | | | | | | |
| Insurance Company FOREMOST INSURANCE COMPANY | | | 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 | | | 10 Undercarriage | | | | |
| Citation # (If Issued) T2014680 | | | Most Harmful Event 1 23 | | | 5 11 Totaled | | | | |
| Violation 1: Ch 90/10/A Sec Violation 2: Ch Sec | | | Driver Contributing Code 99 24 99 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/Non-Motorist | | See Above | | --- | | --- | | | | |
| CHAVARRIA, FERNEY | | 15 THORNDIKE ST (apt 2) REVERE, MA 02151 | | --- | | M 3 99 4 99 | | 0 0 10 1 | | |
| PINEDA, JONATHAN | | 15 THORNDIKE ST (apt 3) REVERE, MA 02151 | | --- | | M 6 99 4 99 | | 0 0 10 1 | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Dedham St

Greenwood St

Unit 1

Unit 2

Unit 1

Unit 2

NOT TO SCALE

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 1 of Vehicle 1 stated they were stopped at the stop sign on Greenwood St (s/b) and was attempting to turn left (e/b) on Dedham St when she collided with vehicle 2. Operator 1 said she believed vehicle 2 was going faster than the speed limit. Moderate damage to vehicle 1, towed by todys. No injuries to operator and passenger of vehicle 1.

Operator 2 of vehicle 2 said he was driving w/b on Dedham St when vehicle 1 was taking a left and tried to avoid vehicle 1 and could not and the two cars collided. Operator 2 stated he did not have a license. Minor damage to vehicle 2. No injuries to operator 2 or any of the passengers in vehicle 2.

Operator 2, Gabriel Mesquita was issued in hand ma citation T2014680 for c90s10 Operating without a license.

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

ROBERT A MARCH **NEWTON POLICE DEPTA** **12/07/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00