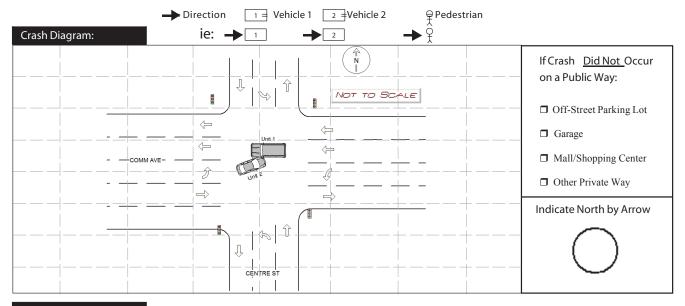
	Poli	ice Use Only		Commo	nweal	th o	f Mass	ach	luse	etts			RM	IV Do	cumer	nt Number	
	Date of Crash 01/07/2021	Time of Crash 18:51	City/T NEWTON	own N			icle Cra	sh		ımber hicles	Nun Inju		peed Lin		SL	tate Police ocal Police ABTA Police	N Xi
	.,.,	24HR					Report		2		1		ongitud		C	Other:	
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		CENTR	E ST														\vdash
1 4	Route# Direct	tion	Name o	f Roadway/Street		F	Route# Directi	on .	Addres	ss#			Name of	Roadv	vay/Str	eet	
_		HOME	R ST	At		Feet NSEW of • or						_					
	Route# Direc	etion N	Jame of Intersect	ng Roadway/Street		⊒⊦					Mil	e Mark	er		E	Exit Number	
			Also at Inte	rsection with		-	Feet	N S	EW	of	Rou	te#	Inters	ecting F	Roadwa	ny/Street	- -
1	Danta# Disas		Nama af Intana	action of Danadayaay/Communication	-4	[-	Feet	N S	EW	of							
Route# Direction Name of Intersecting Roadway/Street Lance						andmark											
<u> </u>	XVehicle1	2_#Occupants	Hit/Rur	Moped	Case Nu	ımber			21000	00011							
	License#		St N	A DOB/Age		Reg#1	ILMM75				Reg	Type F	AN	R	leg Sta	te MA	
	Sex M Lic. 0	Class D 18 18	8 Lic. Restriction	19			ear_ 2019		/eh Ma	ake HO						20	
4		ONEY	MATTHEW	Endors	ment		ROONEY							(-
3	Address 82 FA	Last AIR OAKS AVE	First	Midd	Ie	Address	82 FAIR OA	KS A	VE		First			Mi	iddle		¯ -
	City NEWTO			tate MA Zip 0246			NEWTON						Sta	te MA	Zip	02465	
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1				ponding to Emergen	ncy? N	Event S	Sequence 1	22	22	22	22	2		3 1 \ \ \	4		
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				n 2: ChSec			Contributing C		1	24	24	1			٦	11 Totaled	
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		fill out for opera	ntor and all occ					T	26 Seat		28 Airbag Status	29 Lirbag E	30 3 ject Trap ode Code	1 32 Injury	33 Transp	.	\dashv
	Name (Last Fire Operator	st Middle)		Addr See Ab			Age/DOB	Sex	Pos.		Status S	witch C		\$tatus	Code ¹	Medical Facili	ty
	HAJJAR, SOP	HIA		OTIS ST				F	3		4	99 0		10	1	N/A	
	Thijjin, 501		N	EWTON, MA 02460				1			*	,,		10	1	1 411	
	Г																_
2	Please Select C of the Followi		2 <u>2</u> #Occupa	nts Non-Moto	rist A Type	14	4 Action	15 L	ocation	1	16 Co	ndition	17		Hit/R	un Mop	ed
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1		Last UMMER ST (apt	First t. 14)	Midd	le.		180 BROOK	st SIDE	PKW	Υ	First			Mi	iddle		_
	City LYNN			ate MA Zip 0190		City MEDFORD State MA Zip 02135						02135	-				
	Insurance Com	pany GEICO INS		r		-	e Action Prior t	o Cras	sh [4 21	1	Dama			^	ele Up to Thre	ee)
				esponding to Emerger			Sequence 1	22	22	22	22	2		3	4		
	Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T2015010				-		Iarmful Event	1	23				\ -			10 Undercarr	iage
	l .		ec Violati	on 2: Ch 89/9 Sec					4	24	24	7	• <i> </i> -	9	5	11 Totaled	
	Violation			on 4: Ch Sec		Driver Contributing Code 4 Towed N 6											
				l occupants involv					26 Seat			29 Lirbag E	30 3 ject Trap	1 32 Injury	33 Transp		\dashv
	Name (Last Fi	rst Middle) Non-Motorist	1	Add See Ab			Age/DOB	Sex	Pos.	System	Status 4	Switch	Code Cod		s Code	Medical Faci	lity
	•		18	0 BROOKSIDE PKW				3.4	2	1					1		\dashv
	FEKKEIKA, NI	ILTON, ALVES	M	EDFORD, MA 02135	5			M	3	99	4	99 0	0	10	1	N/A	-



Crash Narrative:

On Thursday 1/7/21 at approx 1851hrs, while assigned to N494, I responded to Comm Ave and Centre St for a 2 car MVA.

Operator of MV2 stated that he was attempting to take a left turn on to Centre St NB when MV1 came straight at him before both vehicles collided. He said the light was green and he was in the left turn only lane on Comm Ave EB

Operator of MV1 stated that he was driving WB on Comm Ave and while the signal was green tried to go straight across the intersection. He said that MV2 struck his vehicle in the middle of the intersection. He said he briefly lost control and his car turned onto to Centre St SB and stopped at the corner of Homer St.

It should be noted that driver side airbags were deployed. Both occupants in MV1 signed refusals with medics.

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	90 DAVIDSON ST		
CANZANO , CHRISTINA,	LINCOLN,MA 01773		Y
	9 (apt 205) WEST BRAODWAY		2/
DANBERG-FICARELL , ANDREW,	BOSTON,MA 02127		Y

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

Truck and Bus Information:	Registration #	(From Vehic	cle Section)		
Carrier Name				_ Carrier Issu	ing Authority Code
Address		City		St	Zip
	State Number	Issuing State	ICC #:		Interstate 36
Cargo Body Type Code Gross	s Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Trailer Leng		
Hazmat Information:					
Placard 40 Material 1 digit #	Material Name		Material 4 digit #		Release code 42

KEVIN DURICKAS		1	NEWTON POLICE DEPARTM		01/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

→	Direction 1	Vehicle 1 2	₹Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: → 1	2	→	Ŷ			
		<u> </u> 	 			If Crash Did Not Con a Public Way:	Occur
						☐ Off-Street Parking	g Lot
						☐ Garage	
	į į	į	į	į		☐ Mall/Shopping Ce	enter
						☐ Other Private Way	,
					- — — —	Indicate North by A	rrow
						\bigcirc	
Crash Narrative: M1 was towed by Tody's Town	ing sorvige						
MV2 had an expired registra		ation was iss	sued to Dos Sar	ntos.			
Witness statement 1							
Canzano stated that she was	s travelling WB	on Comm Ave	in the left to	ırn only	lane (ma re	eg 6TL410). She	
said that the light was gre	een for all Com	m Ave traffic	and she stopp	ped to y	ield to on	coming traffic.	Canzano
stated that MV1 passed her	on her right a	nd attempting	g to cross the	interse	ction when	MV2, failing to	yield,
tried to turn left on to Co	entre St. She	witnessed bot	th cars collide	e.			
Witness statement 2							
Danberg stated that he was		n Centre St a	and was coming	to a st	op at the (Comm Ave intersec	etion.
(Continued or	n next page)						
Witnesses: Name (Last, First, Middle)		Address			P	none #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of	Damaged Property	
Truck and Bus Information:	Registration #		(From Vehic	le Section)			35
Carrier Name						er Issuing Authority Code	e
Address							36
US DOT #:		38	_ Issuing State	ICC #:_		Interstate	
Cargo Body Type Code Gross	s Vehicle Weight					39	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	niler Length		
Hazmat Information: Placard 40 Material 1 digit #	41 Material Na	ime		Material 4 o	ligit #	Release code	42
KEVIN DURICKAS			NEWTON	POLICE DEPARTM		01/07/20)21

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

	Direction	1 = Vehicle	e 1 2 = Vehicle 2	₽ Pedestria	an	
Crash Diagram:	ie: →[1	2	→ §		
					If Crash <u>Did Not</u> on a Public Way:	Occur
				<u> </u>	Off-Street Parkin	ng Lot
					☐ Garage	.8-**
		_		 	☐ Mall/Shopping C	Center
				<u> </u>	Other Private Wa	
		 -		 		
					Indicate North by A	Allow
					()	
		_		+		
Crash Narrative:				1 .1		
He said that it appeared states that his dash cam						He
	- Captarea char	doctachi	, und will chair	nic the video		
W itnesses: 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:						
Carrier Name			•	n Vehicle Section)	Carrier Issuing Authority Co	ide 35
					St Zip	
US DOT #:						36
27	ross Vehicle Weight	38				
Trailer Reg #:		Reg S	tate Reg Ye	ear Trai	iler Length	
Hazmat Information:	7.75 1710	1050		11di		
Placard 40 Material 1 digi	t # 41 Material	l Name		Material 4 di	igit # Release code	42
KEVIN DURICKAS				NEWTON POLICE DEPARTM	01/07/	2021

CDP1 11 ·24·00

Police Officer Name (Please Print)

ID/Badge #