

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/26/2021		Time of Crash 09:58 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 4	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:							
<div><div>SOUTH</div><div>CENTRE ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>CLINTON PL</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of _____ • _____ or _____</div><div>Mile Marker Exit Number</div><div>Feet N S E W of _____</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of _____</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000153							
License # --- St MA DOB/Age ---				Reg # 1HCK99 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make LEXUS Veh Config. 2 20									
Operator VALENZUELA-ZABA PABLO-RAMIRO				Owner (Same as operator)									
Address 202 SAVIN HILL AVE (apt. 1)				Address _____									
City BOSTON State MA Zip 02125				City _____ State _____ Zip _____									
Insurance Company GOVERNMENT EMPLOYEES INS CO				Vehicle Action Prior to Crash 1 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 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 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	
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												13	
License # --- St MA DOB/Age ---				Reg # 4287MM Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make AUDI Veh Config. 2 20									
Operator LOUGHRIDGE NANCY SUSAN				Owner (Same as operator)									
Address 1597 WASHINGTON ST (apt. 611)				Address _____									
City BOSTON State MA Zip 02118				City _____ State _____ Zip _____									
Insurance Company STANDARD FIRE INS				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 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totalled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 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	
Operator/Non-Motorist				See Above				-----				---	

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number							
Date of Crash 02/26/2021	Time of Crash 09:58 24HR	City/Town NEWTON	Number Vehicles 4	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____								
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
1 Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				9							
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number				10							
3 Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11							
3 <input checked="" type="checkbox"/> Vehicle 3 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 210000153											
4 License # _____ St _____ DOB/Age _____ Sex <u>F</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>J</u> <u>19</u> CDL _____ Operator <u>DE SOUZA-ALMEDI LUCINEIA</u> Address <u>18 FREMONT STREET (apt. 1)</u> City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02145</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE CORP</u>			Reg # <u>2JL44</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2009</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>1</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>Y</u>				12							
5 Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) <u>T2017278</u> Violation 1: Ch <u>90/10</u> Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved				13							
7 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 4 1 #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			License # _____ St <u>MA</u> DOB/Age _____ Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>OJIMBA GLADYS</u> Address <u>44 RALDNE ROAD</u> City <u>HYDE PARK</u> State <u>MA</u> Zip <u>02136</u> Insurance Company <u>ARBELLA MUTUAL INSURANCE</u> Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) <u>T2017277</u> Violation 1: Ch <u>90/23/T</u> Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # <u>486VR5</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2011</u> Veh Make <u>HONDA</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>1</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>1</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>				13			
8 Please fill out for operator and all occupants involved			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				99 4 99 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

CLINTON PLACE

INITIAL IMPACT AREA

V4 V3 V2 V1

CENTRE STREET

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

On Friday February 26, 2021 at approx. 0958 I responded to Centre Street and Clinton Place for a four motor vehicle crash. (see incident # 21008680)

Upon arrival I met with oper 1, he stated he was reaching for an item, and while reaching for the item he struck vehicle two which was stopped. Due to force of impact of vehicle 1, the force caused a chain reaction into vehicle 2 into vehicle 3 and vehicle 3 into vehicle 4.

Oper 2, 3, 4, stated they were stopped in traffic when they each felt impact from behind.

All parties were evaluated by medics and signed patient refusals, no injuries reported at this time.

(Continued on next page)

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

→ 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:

Todys Towing arrived on scene and towed vehicles 1, 2, 3, to their tow lot.

All proper paper work for towed MV was completed.

The oper of v3 Ms. De Souza was unlicensed and issued in hand citation # T2017278 for 90/10 unlicensed oper.

Her vehicle was towed for not having a qualified driver.

The oper of v4 Ms. Ojimba had a suspended license and was issued in hand citation # T2017277 for 90/23 oper with suspended license. Ms. Ojimba was able to have a licensed oper take possession of her vehicle.

All parties advised of the process.

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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

02/26/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date