

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/02/2021		Time of Crash 18:44 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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	
Route# Direction Name of Roadway/Street At				EAST 797 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000229						1	
License # --- St MA DOB/Age ---				Reg # 9FJ199 Reg Type PAN Reg State MA				20				12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make JEEP Veh Config. 1				20				12	
Operator NGELIMA ESPERANCE Last First Middle				Owner FURAHA FLORENCE M Last First Middle				20				12	
Address 9 WESLEY ST (apt. 1)				Address 9 (apt. 1) WESLEY ST				20				12	
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02458				20				12	
Insurance Company PROGRESSIVE				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)				13	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 20 22 23 22 21 22 22				10 Undercarriage				13	
Citation # (If Issued) _____				Most Harmful Event 21 23				5 11 Totaled				13	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24				6				13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6				13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33				13				20	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- --- 1 4 99 0 0 10 1				20				20	
FURAHA, FLORENCE, M 9 WESLEY ST (apt 1) NEWTON, MA 02458 --- F 3 1 4 99 0 0 10 1												20	
												20	
												20	
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												20	
License # --- St DOB/Age ---				Reg # --- Reg Type --- Reg State ---				20				20	
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year --- Veh Make --- Veh Config. 20				20				20	
Operator --- Last First Middle				Owner --- Last First Middle				20				20	
Address ---				Address ---				20				20	
City --- State --- Zip ---				City --- State --- Zip ---				20				20	
Insurance Company ---				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)				20	
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												20	
												20	
												20	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON ST
PELHAM ST
CENTRE ST
LANGLEY RD

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 of MV1 was driving southbound on Centre St. MV1 attempted to make a left turn on Langley Rd and lost control of the vehicle. MV1 drove over the curb into the parking lot and struck parking meter #2026/2027 and a tree. The parking meter was completely taken off its pole. There was no damage to the tree.

MV1 sustained heavy front end damage and was towed by the operators personal tow company (Tonys Towing). Both parties declined medical attention.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	PARKING METER 2026/2027

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

RICHARD NEWTON NEWTON POLICE DEPARTM 04/02/2021

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

CDP1 11 -24:00