Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
04/05/2021	11:57 24HR	NEWTON	3	1	35	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1 — Route# Direction ADAMS ST Name of Roadway/Street

At

Route# EAST Direction WASHINGTON ST Name of Intersecting Roadway/Street

Also at Intersection with

2 2 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 9 — 2 10 — Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 11 — 3

☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000232

License # --- St MA DOB/Age -- -- ---- Reg # 9GB446 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2007 Veh Make ACURA Veh Config. 1 20

4 3 — Operator ROSS CRAIG (Last First Middle) Owner (Same as operator) (Last First Middle) 1 12

Address 224 LINWOOD AVE Address

City NEWTON State MA Zip 02460 City State Zip

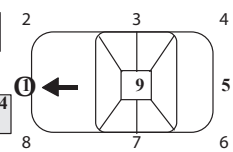
Insurance Company GEICO Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

5 1 — Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24

6 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved 1 13

Name (Last First Middle)	Address	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	See Above	- - - - - - - -	- - -	- - -	99	3	99	0	0	10	1	NONE

7 2 — Please Select One of the Following: ☒ Vehicle 2 2 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # 1ZNS39 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2013 Veh Make VOLK Veh Config. 2 20

8 1 — Operator DECOUZA-TEBORDA ALEXANDRE (Last First Middle) Owner (Same as operator) (Last First Middle)

Address 110 HIGH ST (apt. A) Address

City WALTHAM State MA Zip 02453 City State Zip

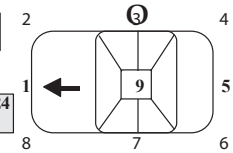
Insurance Company GOVT EMPLOYEE Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S E ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 4 24 24

Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	3	99	0	0	10	1	NONE
PAULA, ANA	100 HIGH ST WALTHAM, MA 02453	-- -- ----	F	3	99	3	99	0	0	8	2	NWH

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
04/05/2021	11:57 24HR	NEWTON	3	1	35			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 — Route# | Direction | Name of Intersecting Roadway/Street

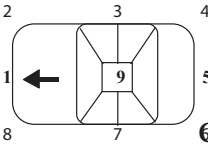
9 — Route# | Direction | Address # | Name of Roadway/Street
10 — Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or _____ Exit Number
Feet [N S E W] of Route# | Intersecting Roadway/Street
11 — Feet [N S E W] of Landmark

3 — ☒ Vehicle 3 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2100000232

License # --- St MA DOB/Age -- -- ----
Sex M | Lic. Class D (18) (18) | Lic. Restrictions 1 (19) | CDL Endorsment
4 — Operator GONZALEZ (Last) TOMAS (First) (Middle)
Address 1080 TRUMAN HIGHWAY
City HYDE PARK State MA Zip 02136
Insurance Company COMMERCE
5 — Vehicle Travel Direction: ☒ S E W | Responding to Emergency? N
Citation # (If Issued)_____
6 — Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 1XEV14 Reg Type PAN Reg State MA
Veh Year 2019 Veh Make MERZ Veh Config. 2 (20)
12 — Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 2 (21)
Event Sequence 1 (22) (22) (22) (22)
Most Harmful Event 1 (23)
Driver Contributing Code 1 (24) (24)
Underride/Override (25) Towed N

Damaged Area Code: (Circle Up to Three)



13 — Please fill out for operator and all occupants involved

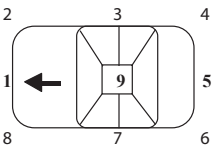
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	99	4	99	0	0	10	1	NONE

7 — Please Select One of the Following: ☐ Vehicle ___# Occupants | ☐ Non-Motorist A Type (14) Action (15) Location (16) Condition (17) | ☐ Hit/Run | ☐ Moped

License # _____ St _____ DOB/Age _____
Sex ____ Lic. Class (18) (18) | Lic. Restrictions (19) | CDL Endorsment
8 — Operator _____ (Last) (First) (Middle)
Address _____
City _____ State _____ Zip _____
Insurance Company _____
Vehicle Travel Direction: N S E W | Responding to Emergency? ____
Citation # (If Issued)_____
Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # _____ Reg Type _____ Reg State _____
Veh Year _____ Veh Make _____ Veh Config. (20)
Owner _____ (Last) (First) (Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash (21)
Event Sequence (22) (22) (22) (22)
Most Harmful Event (23)
Driver Contributing Code (24) (24)
Underride/Override (25) Towed ____

Damaged Area Code: (Circle Up to Three)



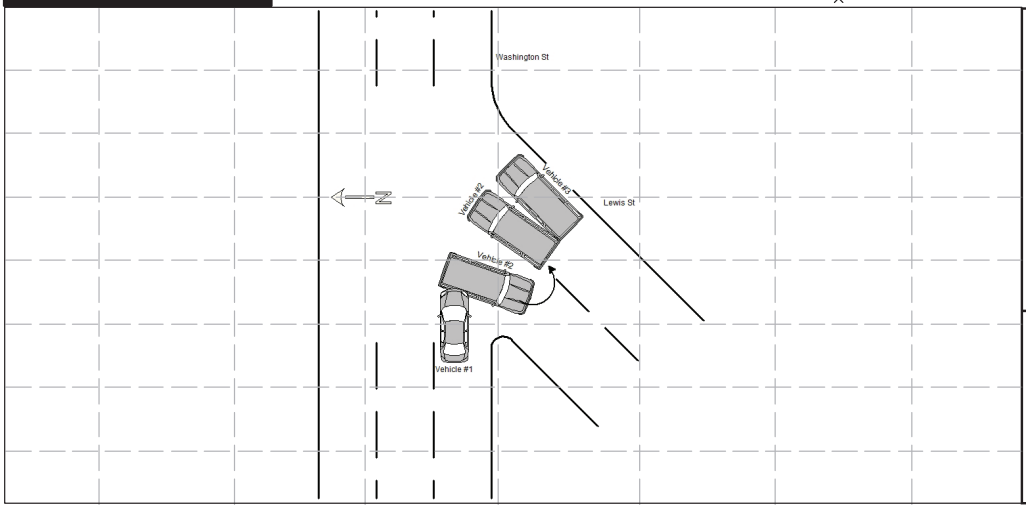
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	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	--------	---	---								

Crash Diagram:

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

Driver of vehicle #1 stated he was travelling East bound in the right hand lane on Washington St. Operator #1 stated he had a green light at the intersection of Washington St. and Adams St. Operator #1 stated that vehicle #2 which was travelling Westbound made a left hand turn in front of Vehicle #1 and he had no time to react and collided with vehicle #2. The operator of vehicle #2 stated that he was travelling West bound on Washington St. attempting to make a left hand turn onto Lewis St. Operator #1 stated a vehicle heading in the opposite direction stopped to allow vehicle #2 to make a left hand turn. Vehicle #2 was then struck by vehicle #1 which was travelling in the right lane heading Eastbound. Vehicle #2 was spun around by the impact and struck Vehicle #3 which was stopped at a red light. Operator of vehicle #3 stated he was stopped at the red light at Lewis St. and Washington when he observed Vehicle #2 attempt to make a left turn onto Lewis St.

(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 [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:

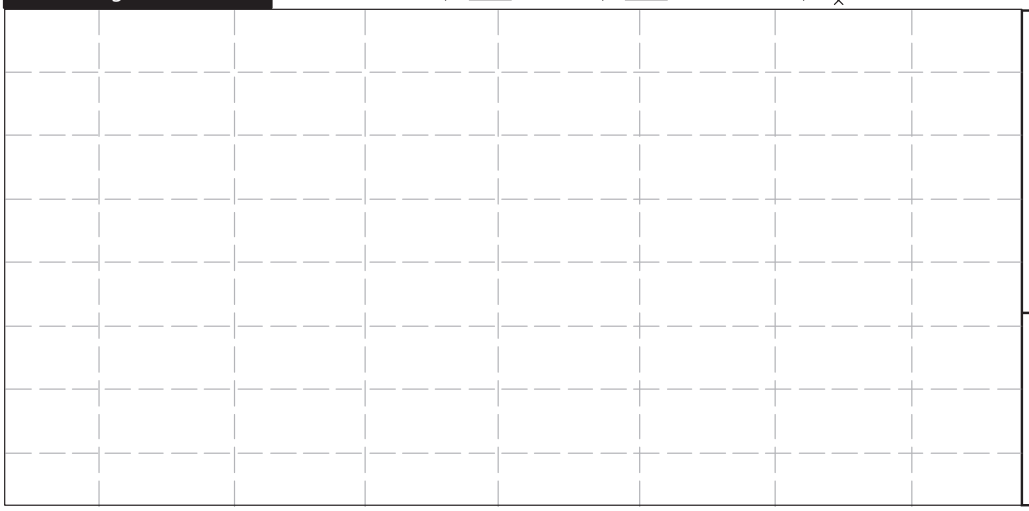
Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

DANIEL NARDELLI		NEWTON POLICE DEPARTM			04/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



If Crash Did Not Occur on a Public Way:

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- ❒ Garage
- ❒ Mall/Shopping Center
- ❒ Other Private Way

Indicate North by Arrow

Crash Narrative:

Vehicle #2 was struck by vehicle #1 which spun vehicle #2 into vehicle #3. Vehicles #1 and #2 were towed away by tody's due to excessive damage. Occupant of vehicle#2 was taken to Newton Wellesley Hospital by paramedics for minor inuries.

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]

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DANIEL NARDELLI			NEWTON POLICE DEPARTM		04/05/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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