# 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 | State Police | Local Police | MBTA Police | Other: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 04/06/2021 | 10:03 24HR | NEWTON | 2 | 1 | 30 | | | ☐ | ☒ | ☐ | |

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

1 / 1 — Route# | SOUTH (Direction) | LEXINGTON ST (Name of Roadway/Street)

At

Route# | WEST (Direction) | RUMFORD AVE (Name of Intersecting Roadway/Street)

Also at Intersection with

2 / 1 — Route# | Direction | Name of Intersecting Roadway/Street

Route# | Direction | Address # | Name of Roadway/Street — 9: 2

Feet N S E W of ___ ___ ___ • ___ (Mile Marker) or _____ (Exit Number) — 10: 2

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

Feet N S E W of Landmark — 11: 3

3 — ☒ Vehicle 1 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2100000235

4 / 3 — License # --- St MA DOB/Age -- -- ---- Reg # 4018XZ Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2008 Veh Make PORSCHE Veh Config. 1 20

Operator AKYLAS (Last) TRIANTAPHYLL (First) R (Middle)

Address 57 CHASE ST

City NEWTON State MA Zip 02459

Insurance Company STANDARD FIRE INSURANCE

5 / 1 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? N

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

6 / 1 — Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Owner (Same as operator) (Last) (First) (Middle) — 12: 1

Address

City State Zip

Vehicle Action Prior to Crash 1 21

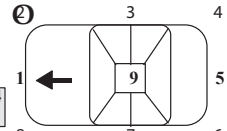
Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)




10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved — 13: 1

| 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 | - - - - - - - - | - - - | - - - | 1 | 1 | 1 | 0 | 0 | 9 | 1 | NONE |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 1 # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

8 / 1 — License # --- St MA DOB/Age -- -- ---- Reg # 7SR379 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Veh Year 2018 Veh Make TOYOTA Veh Config. 2 20

Operator GARGIULO (Last) MARIE (First) (Middle)

Address 9 FIELDSTONE DRIVE

City MATTAPOISETT State MA Zip 02739

Insurance Company SAFETY INSURANCE

Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued) 958265AA

Violation 1: Ch 89/8 Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Owner (Same as operator) (Last) (First) (Middle)

Address

City State Zip

Vehicle Action Prior to Crash 4 21

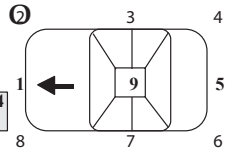
Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 4 24 24

Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)




10 Undercarriage
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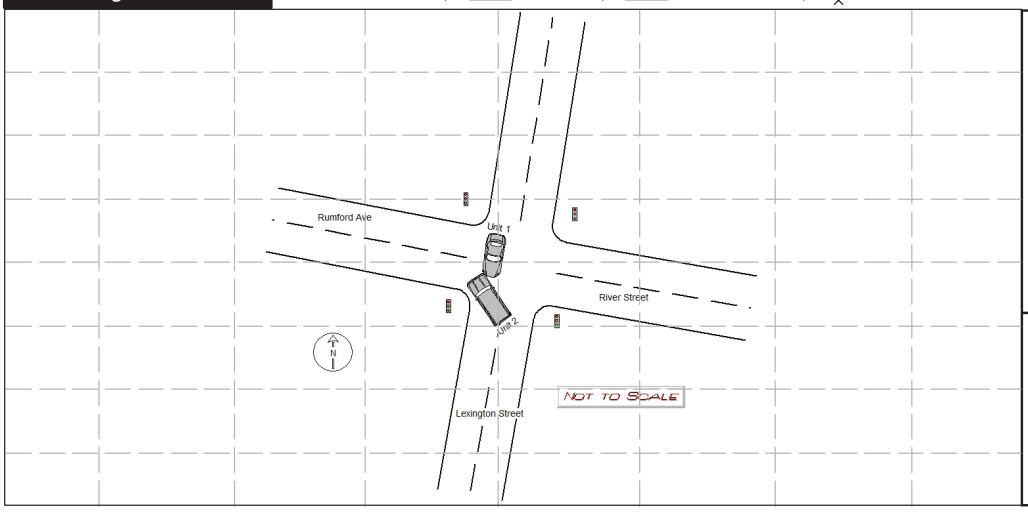
Please fill out for operator and all occupants involved

| 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 | - - - - - - - - | - - - | - - - | 1 | 4 | 99 | 0 | 0 | 10 | 1 | NONE |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: 1 2

## Crash Diagram:




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:

The operator of MV1 (ma reg 4018XZ) stated he was traveling SB when stopped at the intersection of Lexington Street and River Street waiting for the light to turn green. Operator of MV1 stated once the light turned green he continued straight through the intersection and was struck by a vehicle attempting to turn left.

The operator of MV2(ma reg 7SR379) stated she was traveling NB when she stopped at the intersection of Lexington Street and River Street. Operator of MV2 stated she attempted to turn left onto Rumford Ave when her vehicle was struck by MV1.

Both vehicles had significant damage and required tow's. Tody's was called to the scene to tow both vehicles. Neither driver reported any injuries. The airbag from MV1 was deployed so I had dispatch call the medics to

(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]

| MARK D HAGOPIAN | | | NEWTON POLICE DEPARTM | | 04/06/2021 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

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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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- ❒ Other Private Way

Indicate North by Arrow

## Crash Narrative:

the scene for an evaluation.

Medic 5 and engine 1 arrived on scene. Both parties were evaluated and signed refusals. The operator of MV2 has been cited (MA Citation#958265AA) 89/8 Failure to yield at intersection.

## 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

| MARK D HAGOPIAN | | | NEWTON POLICE DEPARTM | | 04/06/2021 |
|---|---|---|---|---|---|
| Police Officer Name (Please Print) | Signature | ID/Badge # | Department | Precinct/Barracks | Date |

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