

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/11/2021	Time of Crash 23:03 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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>14</div> Route# Direction Name of Roadway/Street At			<div>29</div> <div>210</div> NORTH 226 LEXINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of or Exit Number Feet N S E W of Feet N S E W of Route# Intersecting Roadway/Street Landmark							
<div>21</div> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
<div>397</div> Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000257			
License # --- St MA DOB/Age ---			Reg # 8KL714		Reg Type PAN		Reg State MA			
Sex F Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019		Veh Make VOLK		Veh Config. 1 20			
<div>41</div> Operator DRUMMER ASHANTI Last First Middle			Owner PV HOLDING CORP		Last First Middle					
Address 8 O'DONNELL TER			Address 375 MCCLELLAN HWY		Last First Middle					
City DORCHESTER State MA Zip 02122			City E. BOSTON		State MA Zip 02128					
Insurance Company TRAVELERS INDEMNITY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
<div>52</div> Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 99 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11 Totalled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 99 24							
<div>61</div> Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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 1 1 0 0 10 1	
<div>71</div> Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St DOB/Age ---			Reg # 6GZ591		Reg Type PAN		Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions J 19 CDL Endorsment			Veh Year 2016		Veh Make FORD		Veh Config. 2 20			
<div>81</div> Operator LOPEZ-RUBI ARMANDO Last First Middle			Owner MONTENEGRO OSCAR		Last First Middle					
Address 123 SECOND ST			Address 123 2ND ST		Last First Middle					
City FRAMINGHAM State MA Zip 01702			City FRAMINGHAM		State MA Zip 01702					
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
<div>81</div> Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 97 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) R8006998			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11 Totalled					
Violation 1: Ch 89/4A Sec Violation 2: Ch 90/24/C Sec			Driver Contributing Code 8 24 99 24							
Violation 3: Ch 90/10/A Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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 4 99 0 0 10 1	
ALBIZUREIS, ANA MARIA			123 SECOND ST FRAMINGHAM, MA 01702		-----		F 3		99 4 99 0 0 10 1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 2

Unit 1

226 Lexington St

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 #1 states that she was traveling northbound by 226 Lexington St when she observed vehicle #2, a white Ford Explorer, approaching at a high rate of speed from Lexington St southbound. Vehicle #2 then crossed the double yellow line into the northbound lane, subsequently sideswiping vehicle #1. Operator #1 states that two parties exited the Explorer and spoke briefly to her. Once she requested to exchange information, the two refused and drove away on Lexington St southbound. Operator #1 described the parties as a hispanic male and hispanic female, around 50 years old. The male party was balding/or bald, and the female was wearing a silver turtleneck. Operator #1 noted that it was the male who was operating the vehicle both during the collision and as the vehicle left the scene.

While medics were documenting a patient refusal for operator #1, Ofc Ciccone was en route to NPD headquarters

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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 <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

and female occupants waited for assistance. Quesada allegedly does not know Lopez and Albizureis, and all involved persons were outside in the driveway when police located the vehicle.

The description of the male associated with the Explorer matched that which operator #1 gave to me- a hispanic male balding in his 50's. He was in the presence of a hispanic female who was wearing a silver colored turtleck. The male was identified as Armando Lopez-Rubi DOB 1/1/73 and the female Ana Maria Albizureis DOB 11/27/73. The Explorer was MA reg 6GZ591, registered to a different party then all on scene. It had obvious damage to the left side doors consistent with an opposite direction sideswipe.

With the translation assistance of Helder Quesada, Lopez-Rubi stated to Sgt Rooney and Officer Ciccone that he was in fact driving somewhere near Starbucks "on the corner" when he got into an accident (there is a

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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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

04/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

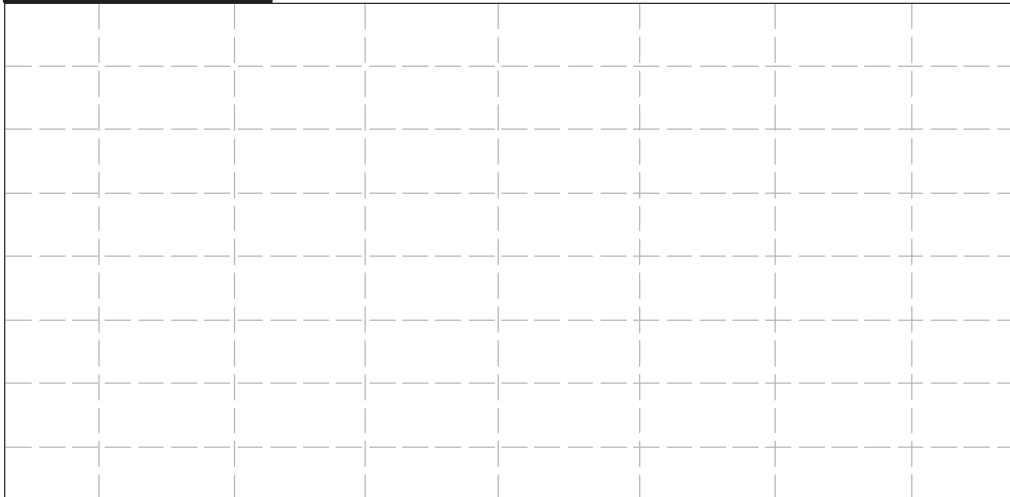
Precinct/Barracks

Date

→ 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:

large Starbucks located on the corner of Commonwealth Ave and Lexington St in Newton). Lopez originally said that the other involved vehicle left the scene, however it was pointed out by Sgt Rooney that the operator was currently stopped in Newton talking to me and was cooperative.

Upon routine query it was discovered that Lopez-Rubi does not have a license to operate a motor vehicle.

Pursuant to the investigation, Officer Ciccone issued in hand to Lopez MA citation R8006998 for the following:

89/4a- Marked Lanes Violation

90/24- Leaving Scene of Property Damage

90/10- Unlicensed Operation of a Motor Vehicle.

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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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

04/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

Vehicle #2 was left in the driveway of 7 High Meadow Rd with Helder Quesada's permission. Quesada also volunteered to drive home both Lopez and Albizureis to Framingham, as he was feeling charitable. Vehicle #1 was towed by Tody's due to the amount of damage and airbag deployment. A m/v inventory form was filled out.

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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

Gross Vehicle Weight

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
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KELEIGH N DONAHUE

NEWTON POLICE DEPARTMENT

04/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____

