

|   |                                |                     |   |  |  |   |                                    |                     |   |  |
|---|--------------------------------|---------------------|---|--|--|---|------------------------------------|---------------------|---|--|
| Police Use Only   |                                |                     | Commonwealth of Massachusetts                     |  |  |   | RMV Document Number                |                     |   |  |
| Date of Crash<br>05/07/2021   | Time of Crash<br>17:14<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report              |  |  |   | Number Vehicles<br>2               | Number Injured<br>0 | Speed Limit 30<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |
| AT INTERSECTION:  |                                |                     | < LOCATION >                                      |  |  |   | NOT AT INTERSECTION:               |                     |   |  |
| EAST TREMONT ST   |                                |                     |   |  |  |   |                                    |                     |   |  |
| Route# Direction Name of Roadway/Street   |                                |                     | Route# Direction Address # Name of Roadway/Street |  |  |   |                                    |                     |   |  |
| At  |                                |                     |   |  |  |   |                                    |                     |   |  |
| BELMONT ST  |                                |                     |   |  |  |   |                                    |                     |   |  |
| Route# Direction Name of Intersecting Roadway/Street  |                                |                     | Feet N S E W of _____ • _____ or _____            |  |  |   | Mile Marker Exit Number            |                     |   |  |
| Also at Intersection with   |                                |                     |   |  |  |   |                                    |                     |   |  |
| Route# Direction Name of Intersecting Roadway/Street  |                                |                     | Feet N S E W of _____                             |  |  |   | Route# Intersecting Roadway/Street |                     |   |  |
|   |                                |                     |   |  |  |   | Landmark                           |                     |   |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |                                |                     | <input type="checkbox"/> Hit/Run                  |  |  | <input type="checkbox"/> Moped          |                                    |                     | Case Number 210000321                               |  |
| License # --- St FL DOB/Age ---   |                                |                     | Reg # 45H329                                      |  |  | Reg Type PAN                            |                                    |                     | Reg State MA  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL   |                                |                     | Veh Year 2012                                     |  |  | Veh Make HONDA                          |                                    |                     | Veh Config. 1 20                                    |  |
| Operator MARINI ROBERT PASQUALINO   |                                |                     | Owner MARINI PASQUALE                             |  |  |   |                                    |                     |   |  |
| Address 7338 ASCOT CT (apt. 5)  |                                |                     | Address 16 BIGELOW ST                             |  |  |   |                                    |                     |   |  |
| City NAPLES State FL Zip 34104  |                                |                     | City BRIGHTON State MA Zip 02135                  |  |  |   |                                    |                     |   |  |
| Insurance Company ARBELLA MUTUAL INSURANCE  |                                |                     | Vehicle Action Prior to Crash 1 21                |  |  | Damaged Area Code: (Circle Up to Three) |                                    |                     |   |  |
| Vehicle Travel Direction: N S X W Responding to Emergency? N  |                                |                     | Event Sequence 42 22 2 22 22 22                   |  |  | 2 3 4                                   |                                    |                     | 10 Undercarriage                                    |  |
| Citation # (If Issued) T2012849   |                                |                     | Most Harmful Event 2 23                           |  |  | 1 9                                     |                                    |                     | 5 11 Totaled  |  |
| Violation 1: Ch 89/4A Sec Violation 2: Ch Sec   |                                |                     | Driver Contributing Code 9 24 99 24               |  |  | 7 6                                     |                                    |                     |   |  |
| 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   |  |
| Operator  |                                |                     | See Above   |  |  | -----                                   |                                    |                     | ---   |  |
|   |                                |                     |   |  |  |   |                                    |                     |   |  |
|   |                                |                     |   |  |  |   |                                    |                     |   |  |
|   |                                |                     |   |  |  |   |                                    |                     |   |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |                                |                     |   |  |  |   |                                    |                     |   |  |
| License # --- St DOB/Age ---  |                                |                     | Reg # 2CEN64                                      |  |  | Reg Type PAN                            |                                    |                     | Reg State MA  |  |
| Sex Lic. Class 18 18 Lic. Restrictions 19 CDL   |                                |                     | Veh Year 2018                                     |  |  | Veh Make TOYOTA                         |                                    |                     | Veh Config. 1 20                                    |  |
| Operator  |                                |                     | Owner SARRERLEE CANDACE                           |  |  |   |                                    |                     |   |  |
| Address   |                                |                     | Address 140 (apt. 2125) ARSENAL ST                |  |  |   |                                    |                     |   |  |
| City State Zip  |                                |                     | City WATERTOWN State MA Zip 02472                 |  |  |   |                                    |                     |   |  |
| Insurance Company COMMERCE  |                                |                     | Vehicle Action Prior to Crash 11 21               |  |  | Damaged Area Code: (Circle Up to Three) |                                    |                     |   |  |
| Vehicle Travel Direction: N S E X Responding to Emergency? N  |                                |                     | Event Sequence 1 22 22 22 22                      |  |  | 2 3 4                                   |                                    |                     | 10 Undercarriage                                    |  |
| Citation # (If Issued)  |                                |                     | Most Harmful Event 1 23                           |  |  | 1 9                                     |                                    |                     | 5 11 Totaled  |  |
| Violation 1: Ch Sec Violation 2: Ch Sec   |                                |                     | Driver Contributing Code 1 24 24                  |  |  | 7 6                                     |                                    |                     |   |  |
| 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   |  |
| Operator/Non-Motorist   |                                |                     | See Above   |  |  | -----                                   |                                    |                     | ---   |  |
|   |                                |                     |   |  |  |   |                                    |                     |   |  |
|   |                                |                     |   |  |  |   |                                    |                     |   |  |
|   |                                |                     |   |  |  |   |                                    |                     |   |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

PLAYSTEAD RD  
TREMONT ST  
BELMONT ST  
233 TREMONT ST  
MV1  
MV2  
N  
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:**

On Friday, May 7, 2021, while assigned to N494, I responded to the area of 233 Tremont St. for a MVA. Upon arrival, I observed a Honda Civic (MV1), MA Reg 45H320, on Playstead Rd. at the intersection of Tremont St. MV1 had moderate front end damage to the drivers side.

The operator of MV1, MARINI, Robert, was standing with the vehicle, and stated to me that he was traveling Eastbound on Tremont St. when he crossed over the double yellow line, striking a parked vehicle. He stated he does not know what happened, that he was driving home from Rhode Island, and he may have fell asleep. He stated he was not injured, but has a heart condition. Medic 5 responded to evaluate Mr. Marini, and he signed a refusal against medical advice.

The vehicle that was struck, a 2018 Toyota Camry (MV2), MA Reg 2CEN64, was parked Westbound in front of

(Continued on next page)

**Witnesses:**

| Name (Last, First, Middle) | Address                                 | Phone # | Statement |
|----------------------------|---|---------|-----------|
| GRINBERG, JOSHUA,          | 99 (apt 218) TREMONT ST<br>BRIGHTON, MA | -----   | Y         |
|                            |   |         |           |

**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

KAYLA PATRICIA DONAHUE

NEWTON POLICE DEPART

05/07/2021

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 <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:**

233 Tremont St. MV2 sustained moderate damage along the length of the vehicle. Majority of the damage is to the drivers side rear door and rear tire.

I spoke to a witness, GRINBERG, Joshua, who stated he was traveling Westbound on Tremont St. when he saw MV1 (traveling Eastbound on Tremont St.) cross the double yellow line into the Westbound lane, striking MV2, before pulling over on Playstead Rd.

MV1 was towed from the scene by Tody's and a towed motor vehicle form was filed. The owner of MV2 arranged her own tow with AAA. I transported Mr. Marini to 16 Bigelow St. Brighton, and he was left in the care of his wife, who was informed he signed a refusal AMA. I issued Mr. Marini Massachusetts Uniform Citation T2012849, Chap. 89 Sec. 4A Marked Lanes Violation.

**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