

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/15/2021		Time of Crash 07:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:							
WASHINGTON ST													
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street									
At				Feet N S E W of _____ • _____ or _____									
BACON ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____									
Also at Intersection with				Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000349							
License # --- St MA DOB/Age ---				Reg # 7MP957 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2013 Veh Make HONDA Veh Config. 1 20									
Operator LAMBERT CARISSA R				Owner TIGHE ALEXANDER JAMES									
Address 106 TREMONT ST (apt. 301)				Address 106 (apt. 301) TREMONT ST									
City BRIGHTON State MB Zip 02135				City BRIGHTON State MA Zip 02135									
Insurance Company PLYMOUTH ROCK ASSURANCE CORP				Vehicle Action Prior to Crash 1 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					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 9 6					
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				1 4 99 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---				Reg # AJ38934 Reg Type CON Reg State AR									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2019 Veh Make FORD Veh Config. 6 20									
Operator CEBOTARI SERGHEI				Owner U-HAUL									
Address 6 MIDDLE ST				Address 2727 N CENTRAL PO BOX 21508									
City NEWTON State MA Zip 02458				City PHOENIX State AZ Zip 85036									
Insurance Company REPWEST				Vehicle Action Prior to Crash 5 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				3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 9 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
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									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WASHINGTON ST

BACON ST

Unit 1

Unit 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:**

On May 15th, 2021 at approximately 07:40 hours while working N491 I responded to Washington St @ Bacon St for a report of a crash between a U-HAUL truck and a passenger car.

On my arrival I located both vehicles involved.

Operator #1 was identified as Carissa Lambert. She stated she was travelling W/B on Washington by Bacon St, in the far right hand lane when vehicle #2 who was in the lane to her left, (middle lane), entered her lane striking her drivers side rear.

Operator #2 was identified as Serghei Cebotari. He reported going W/B on Washington St and was attempting to change from the middle lane into the lane on his right when his vehicle struck vehicle #1 with its passenger side front.

**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 # AJ38934 (From Vehicle Section)

Carrier Name U-HAUL Carrier Issuing Authority Code 35

Address 2727 N CENTRAL City PHOENIX St AZ Zip 85036

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State ARIZON ICC #: \_\_\_\_\_ Interstate 99 36

Cargo Body Type Code 99 37 Gross Vehicle Weight 1 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

**THOMAS J MCCARTHY**    NEWTON POLICE DEPART    05/15/2021

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

CDP1 11 24:00