

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/16/2021		Time of Crash 09:42 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:						9	
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				NORTH		CENTRE ST BRIDGE						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker or Exit Number						3	
				Feet N S E W of		WASHINGTON ST Route# Intersecting Roadway/Street Landmark						11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000350				12	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator FIAMENGO VEDRANA Address 535 CENTER ST (apt. 1) City WEST ROXBURY State MA Zip 02135 Insurance Company GOVT. EMPLOYEES Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 3452-YD Reg Type PAN Reg State MA Veh Year 2003 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled								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								1	
Operator				See Above								NONE	
Operator													
Operator													
Operator													
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator BRADY THOMAS Address 6 CROSS ST City WAYLAND State MA Zip 01778 Insurance Company ARBELLA Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 6TR878 Reg Type PAN Reg State MA Veh Year 2003 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled								13	
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Operator/Non-Motorist				See Above								NONE	
Operator/Non-Motorist													
Operator/Non-Motorist													
Operator/Non-Motorist													

→ 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:

On May 16th, 2021 at approximately 09:42 hours I responded to the area of Centre Ave @ Washington St for a MV crash.

On my arrival I located both involved MV'S on the Centre St Bridge (N/B) side.

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Vehicle # 1 was a Green Toyota sedan, MA. reg. 3452-yd, operated by VEDRANA FIAMENGO. She stated she was heading N/B over the Centre St Bridge when she collided with vehicle #2 as they were both entering the same lane. Impact spun vehicle #1 around so it was facing south.

Vehicle #2 was a Grey BMW MA reg. 6TR-878, operated by Thomas Brady. He stated he was merging with other traffic on the Centre St Bridge when he collided with vehicle #1.

(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

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

THOMAS J MCCARTHY		NEWTON POLICE DEPT	05/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ 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:

Vehicle #1 originally came from the east side of Centre Ave before coming onto the bridge. Vehicle #2 came from the west side before entering onto the bridge.

The east bound traffic coming from Centre Ave has a yield sign before entering onto the Centre St bridge north bound. The traffic coming from the west side onto the bridge have the right of way.

Due to the accident occurring a little further down from the merging point its unclear of which vehicle is possibly at fault.

The diagram doesn't depict the actual crash scene since vehicle #2 had moved further down the street so as not to block other traffic. There were no injuries due to this accident and neither vehicle was towed.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

05/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date