

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/27/2021		Time of Crash 17:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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			
1	1	SOUTH CENTRE ST Route# Direction Name of Roadway/Street At EAST COMMONWEALTH AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							2	10	
2	1	<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 210000470												11	3
4	3	License # --- St TX DOB/Age --- Sex F Lic. Class C 18 18 Lic. Restrictions B 19 CDL Endorsment Operator CORONA SARAH Address 29 FAIRBANKS ST (apt. 3) City BRIGHTON State MA Zip 02315 Insurance Company FRED LOYA INSURANCE Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) T1445426 Violation 1: Ch 89/9 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec												12	1
5	1	Reg # NGY820 Reg Type PAN Reg State TX Veh Year 15 Veh Make CHRYSLER Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 3 24 20 24 Underride/Override 25 Towed Y												13	1
6	1	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 4 0 0 10 1												13	1
7	2	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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												13	1
8	1	License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator VAZ CARLOS Address 1144 COMMONWEALTH AVE (apt. 37) City ALLSTON State MA Zip 02134 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec												13	1
8	1	Reg # 158XY9 Reg Type PAN Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y												13	1
8	1	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 ----- --- 0 4 4 0 0 10 1 DE MORAIS FREIRE, ARIENE 1144 COMMONWEALTH AVE (apt 37) ALLSTON, MA 02134 --- F 3 1 4 4 0 0 7 2 BETH ISRAEL-BOSTON												13	1

→ 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:**

MV1(Corona) was traveling southbound on Centre St through the intersection of Centre St at Commonwealth Ave. MV2 (VAZ) was traveling eastbound on Commonwealth Ave through the intersection of Centre St at Commonwealth Ave. Both vehicles collided at the intersection. The operator of MV1 stated she did not know what happened at the time of the crash and might have gone through the red light, the operator of MV2 stated the same. The operator of MV2 stated he spoke with the operator of MV1 and she stated to him that she was looking at her GPS. There was heavy front end damage to MV2 and passenger front and side damage to MV1. A witness (Danielle Hite), was two car lengths behind MV2 stated that their line of traffic had a green light and that she saw MV1 drive through a red light causing the collision. Fallon Medics transported the passenger of MV2 to Beth Israel as she was lying in the road unconscious and the medics obtained a patient

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
HITE, DANIELLE,	187 (apt RD) WINTHROP BROOKLINE,MA 02445	-----	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 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

ROBERT DRAGONE

NEWTON POLICE DEPART

06/27/2021

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



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:

refusal from the operator of MV1 and the operator of MV2. Both vehicles were towed by Tody's.

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 \_\_\_\_\_

Hazmat Information:

Placar

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

ROBERT DRAGONE

NEWTON POLICE DEPARTMENT

06/27/2021

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Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_