

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/10/2021	Time of Crash 13:48 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 1450 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				11 3			
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000501	
License # _____ St MA DOB/Age _____			Reg # 84SS14			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013			Veh Make LEXUS			Veh Config. 1 20	
Operator SETLUR SUNITA R			Owner (Same as operator)			First _____ Middle _____			1 12	
Address 12 HUNT DR			Address _____			State _____ Zip _____				
City DOVER State MA Zip 02030			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company LIBERTY MUTUAL			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed Y			Towed Y			13 1	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				
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 3 0 0 10 1				
SETLUR, DISHA			12 HUNT DR DOVER, MA 02030			F 3 1 4 3 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 # 6HD817			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012			Veh Make HONDA			Veh Config. 1 20	
Operator MACCIOLI LISA MARIE			Owner SACRAMONA THOMAS P			First _____ Middle _____				
Address 51 GREEN ST			Address 51 GREEN ST			State MA Zip 02472				
City WATERTOWN State MA Zip 02472			City WATERTOWN State MA Zip 02472			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Insurance Company COMMERCE INS			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 3 24 24	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed N			Towed N			13 1	
Citation # (If Issued) T2014511			Violation 1: Ch 89/9 Sec _____ Violation 2: Ch 90/10/A Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				
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 3 0 0 10 1				

Crash Narrative:

Upon arrival, I observed two vehicles with damage in the roadway at 1450 Washington St where the rotary of Washington St crosses over the I90E onramp with damage. MV1 was traveling Eastbound on Washington St and said that they had the green light. They continued through the intersection to the I90E on ramp when MV2 went through the intersection to continue traveling east on Washington St. MV1 was unable to stop in time and struck the passenger's side of MV2.

The operator of MV2 was visibly shaken up by the crash and I had the medics respond to evaluate. The operator of MV2 declined medical attention and said that she did not know what happened or if she had a red light.

(Continued on next page)

Property Damage:

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

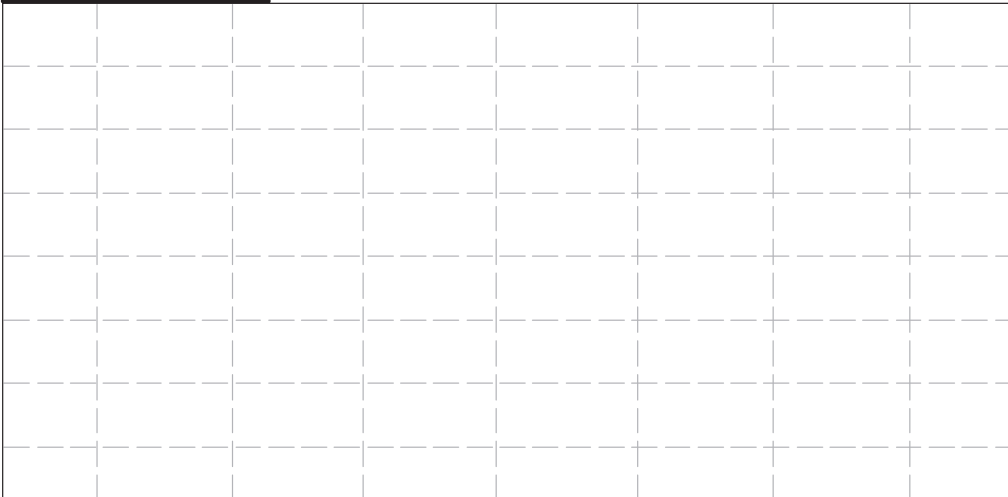
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

After running both parties, it was discovered that the operator of MV2 had an expired MA license. She was able to renew her license while waiting for a ride but was issued MA uniform citation T2014511 for MGL90/10- Unlicensed Operation of a motor vehicle and MGL 89/9- Failure to stop at red light.

MV1 was towed from the scene and MV2 was moved off of the roadway to be driven back by the registered owner.

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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

07/10/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date