Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
07/14/2021	09:06 24HR	NEWTON	2	0	25	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 1 — Route# Direction COMMONWEALTH AVE Name of Roadway/Street

At

Route# SOUTH Direction GRANT AVE Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 9 — 2 10 — 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 11

3 ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000508

License # --- St MA DOB/Age -- -- ---- Reg # 2FGK84 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2019 Veh Make HYUN Veh Config. 1 20

4 3 — Operator ESTIME (Last) SHIRLY (First) (Middle) Owner (Same as operator) (Last) (First) (Middle) 1 12

Address 3 CYPRESS RD (apt. 306) Address

City BRIGHTON State MA Zip 02135 City State Zip

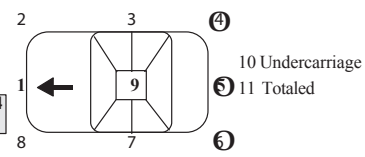
Insurance Company PROGRESSIVE Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)

5 1 — Vehicle Travel Direction: N ☒ E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24

6 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



Please fill out for operator and all occupants involved 1 13

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	

7 2 — Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # 5NR829 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2015 Veh Make BUICK Veh Config. 1 20

8 1 — Operator ROMEO (Last) LAURA (First) (Middle) Owner (Same as operator) (Last) (First) (Middle)

Address 630 POTTER RD Address

City FRAMINGHAM State MA Zip 01701 City State Zip

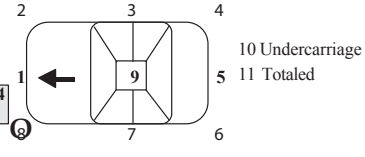
Insurance Company SAFETY Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N ☒ E W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24

Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N



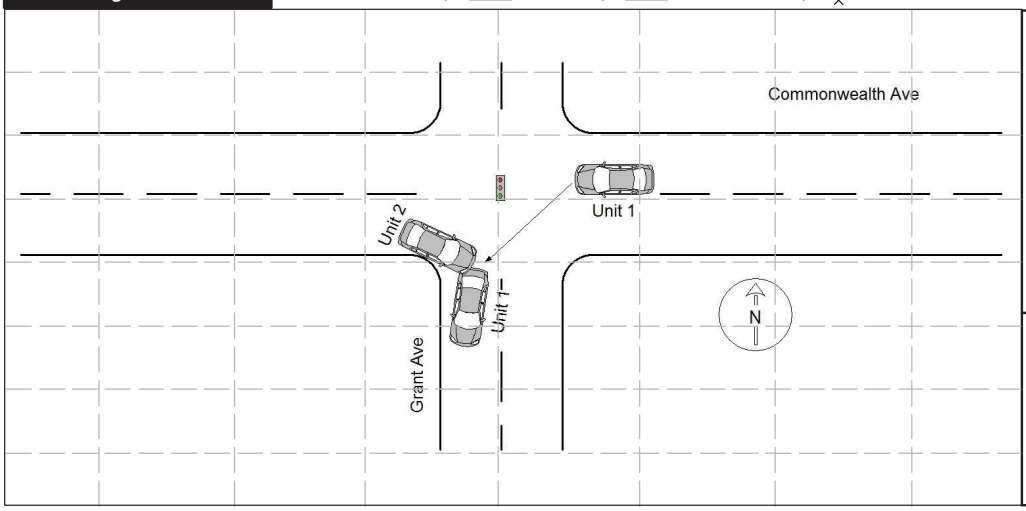
Please fill out for operator and all occupants involved

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	4	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

Operator of vehicle 1 was traveling westbound on commonwealth Ave and made a left turn southbound onto Grant Ave when she was struck from behind by vehicle 2.

Operator of vehicle 2 was traveling eastbound on Commonwealth Ave and was turning right onto Grant Ave southbound when she rear ended vehicle 1.

Neither operator reported nay injuries. Vehicle 2 was towed by AAA.

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]

MICHAEL ANTHONY IAROSSI			NEWTON POLICE DEPARTM		07/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00