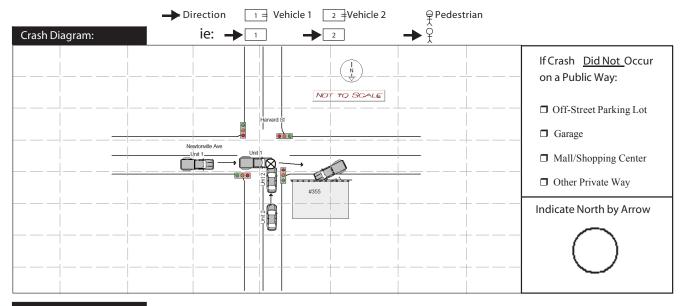
	Poli	ice Use Only		Commonwea	alth d	of Massa	achu	setts	\$		RMV	V Docur	nent Number	
	Date of Crash 07/27/2021	Time of Crash 16:15 24HR	City/To NEWTON	MIOTOI		icle Cra Report	sh	Number Vehicles 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Police Other:	Xi
			RSECTION:		LOCA		>						CTION:	$\neg$
	SOU	TH HARVA	ARD ST	·										2
<b>1</b>	Route# Direc			Roadway/Street		Route# Direction	on Ado	dress #		Na	ıme of F	Roadway	/Street	2
1	Route# Direction Name of Intersecting Roadway/Street				Feet NSEW of or							$- \frac{2}{ }$		
					Mile Marker Exit Number							_		
	Also at Intersection with					Feet N S E W of Route# Intersecting Roadway/Street							-   1	
2 <b>1</b>	Poutatt Direction Name of Intermedia - Produces/Stand					Feet N S E W of								3
3	Route# Direction Name of Intersecting Roadway/Street					Landmark								$\dashv$
	XVehicle1	#Occupants	Hit/Run	☐ Moped Case	Number		21	00000558	1					┙
	License#					N67422			Reg T	ype_CO	N	Reg	State MA	_
	Sex_M Lic.	Class 99 18 1	Lic. Restriction	S 9 19 CDL Endorsment	Veh Y	ear_2009	Veh	Make_F	ORD			Veh Co	nfig. 13 20	
<sup>4</sup> 3	Operator ROI	BERTO-ROSA	EVERTON	Middle		LLC	t		ROOFI	NG		Middle		$- 1^{1}$
	Address 18 M		<del></del>			ss 1131 WASHI	NGTON	N ST						-
	City QUINCY			nte_MA Zip_02169	City WEYMOUTH State MA Zip 02188								-	
	1	pany SAFETY IN			Vehicle Action Prior to Crash  Damaged Area Code: (Circle Up to Three)								ree)	
5 <b>1</b>		Direction: N		onding to Emergency? N	Event	Sequence 1 2	22 22 23		22 2		3	$\overline{}$	4	mio o o
		ssued) T2080934			Most	Harmful Event	1 23		24	<b>←</b>	9		10 Undercari 5 ① Totaled	nage
<sup>6</sup> <b>1</b>	1			2: ChSec		Contributing Co	ode 9	9 24	8		7		6	
1		Violation 3: ChSecViolation 4: ChSec  Please fill out for operator and all occupants involved					Underride/Override Towed 1							1
	Name (Last Fir		ator and all occu	Address		Age/DOB	Sex S	26 Safety os. System	Airbag Air Status Swi	29 30 bag Eject tch Code	31 Trap Code	32 Injury Tra Status Co	ansp. ode Medical Facil	1 1
	Operator			See Above				1	3 4	0	0	10 1		
<sup>7</sup> <b>2</b>	Please Select C of the Followi	IX Vehicle	2 <u>1</u> #Occupan	ss Non-Motorist A Ty	/pe	Action 1	5 Loca	tion	16 Cone	dition	17	Hi	t/Run Mop	oed
	License# St MA DOB/Age DOB/Age			Reg#	Reg # 266XY Reg Type PAN Reg S					State MA	_ ]			
	Sex_F Lic. Class D 18 18 Lic. Restrictions 19 CDL				Veh Y	Veh Year 2014 Veh Make TOYOTA Veh Config. 1								
8 1		Operator HEMPHILL SARAH  Last First Middle Middle			Owner (Same as operator)  Last First Middle								_	
	Address 61 MORSE RD				Address								_	
	City NEWTON State MA Zip 02460				StateZip								_	
	Insurance Company QUINCY				Vehicle Action Prior to Crash  1 Damaged Area Code: (Circle Up to Three)								ree)	
	Vehicle Travel Direction: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$				Event Sequence 1 22 22 22 22 2 3 4									
	Citation # (If I	Citation # (If Issued) Violation 1: ChSecViolation 2: ChSec					Most Harmful Event 1 23 10 Undercarriage  Driver Contributing Code 99 24 24 5 10 Totaled							nage
	Violatio													
			ec Violatic		Underride/Override 25 Towed Y 8 7 6									
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 Seat Safety Pos. System		bag Eject vitch Coo	) 31 t Trap de Code		33 ansp. code Medical Faci	ility
	Operator/	Non-Motorist		See Above				1	3 4	0	0	8 1		
										+				



## Crash Narrative:

MV1 was heading Westbound on Newtonville Ave through the intersection of Harvard St when he collided with MV2. MV2 was heading Northbound on Harvard St through the same intersection when it collided with MV1. Both operators stated that they had the green light to proceed through the intersection. MV1 collided with MV2 and then rolled over to its top, laying to rest on Newtonville Ave up against a residential fence belonging to #355 Newtonville Ave. MV2 obtained extensive damage to the front and all airbags deployed. Both operators signed refusals with the medics. MV1 operator, Everton Roberto-Rosa was issued in hand MA Citation #T2080934 for 90/10 Unlicensed Operation. Both vehicles were totalled and towed by Tody's.

Two witnesses saw the accident. The first witness, Jessica Foz, stated "wow, look at him, he is not stopping" and stated that MV1 was driving too fast and ran a red light. Another witness was Georgia and Harry

(Continued on next page)

Witnesses:			
Name (Last, First, Middle)	Address	Phone #	Statement
	25 WOODROW AVE		
FOZ , JESSICA, A	NEWTON,MA		N
	304 (apt 1) NEWTONVILLE AVE		
TRIANTAFILLES , GEORGIA,	NEWTON,MA 02460		N

## Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property 355 NEWTONVILLE AVE NEWTON, MASSACHUSETTS 0; 617-527-2647 Property Damage: Owner (Last, First, Middle) Address Phone # 34-Type Description of Damaged Property RESIDENTIAL FENCE

Truck and Bus Information: Registration #	(From Vehicle Section)		35
Carrier Name		_ Carrier Issu	ing Authority Code
Address_	City	St	Zip
US DOT #:State Number	Issuing State ICC #:		Interstate 36
Cargo Body Type Code Gross Vehicle Weight 38		39	
Trailer Reg #: Reg Type Reg Stat	te Reg Year Trailer Leng		
Hazmat Information:			
Placard 40 Material 1 digit # 41 Material Name	Material 4 digit #		Release code 42

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestria	an	
Crash Diagram:	ie: →□	1	2	<b>₽</b> Ŷ		
					If Crash Did Not on a Public Way:	
						8200
		_			Garage	
			 		☐ Mall/Shopping C	enter
				İ	☐ Other Private Way	у
		_	<u> </u>	+	Indicate North by A	Arrow
		 _	 			
		<u> </u>	<u> </u>	+		
Crash Narrative:						
Triantafilles who both s	tated that MV1	had the green	light.			
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:	_			nicle Section)		35
Carrier Name					Carrier Issuing Authority Coc	de
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	Trail	ler Length 39	
Hazmat Information:						
Placard 40 Material 1 dig	it # 41 Material	Name		_ Material 4 di	git# Release code	42
ALEX N KANE		3880	00 NEWTO	ON POLICE DEPARTM	07/27/2	2021

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)