

Police Use Only			Commonwealth of Massachusetts				RMV Document Number											
Date of Crash 07/27/2021	Time of Crash 17:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:													
<div><div><div>SOUTH</div><div>WOODLAND RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div></div> <div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>					<div>2 9</div> <div>2 10</div> <div>11 3</div>													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000559											
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator GALASTI JOSEPH F Address 13 LODGE RD City WAYLAND State MA Zip 01778 Insurance Company USSA Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec					Reg # 2BL557 Reg Type PAN Reg State MA Veh Year 2012 Veh Make F150 Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 1 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 1 Totaled					<div>12 1</div>								
Please fill out for operator and all occupants involved										13 1								
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																		
Operator See Above					-----					-----								
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator MARTEL LORI Address 54 PIONEER City PLYMOUTH State MA Zip 02330 Insurance Company ARBELLA 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					Reg # 7LD886 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled					<div>13 1</div>								
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Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																		
Operator/Non-Motorist See Above					-----					-----								
TOGUN, SKYE					54 PIONEER PLYMOUTH, MA 02330					-----								
TOGUN, MAYA					54 PIONEER PLYMOUTH, MA 02330					-----								
TOGUN, LAYLA					54 PIONEER PLYMOUTH, MA 02330					-----								

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			9 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 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			10 ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
3 Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			11 Landmark _____							
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4 License # _____ St MA DOB/Age _____ Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____ Operator NEELY ERIC Endorsment MATTHEW Address 183 CENTER ST City NORTH EASTON State MA Zip 02356 Insurance Company SAFETY INSURANCE			12 Reg # 645FL6 Reg Type PAN Reg State MA Veh Year 2017 Veh Make FORD Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 2 <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed Y Damaged Area Code: (Circle Up to Three)  10 Undercarriage 5 11 Totaled							
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7 Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped	
8 License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Endorsment _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			14 Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 23 Most Harmful Event <input type="checkbox"/> 23 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed _____ Damaged Area Code: (Circle Up to Three)  10 Undercarriage 5 11 Totaled							
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Woodland Rd

Unit 2

Unit 1

Unit 3

Witness

Washington St

NOT TO SCALE

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:**

MV 1 was turning left onto Washington Street heading Westbound on the 1st lane. Operator of MV 1 stated they merged onto Lane 2 when they saw MV 2 pull out of Woodland Rd attempting to turn left onto Washington St heading Eastbound. Operator of MV1 stated they did not have enough time to stop so MV1 tried to go around MV2. MV2 clipped the rear of MV 1 causing it to roll over and hit MV 3 which was heading Eastbound on Washington St.

Operator of MV 2 stated they attempted to turn left onto Washington St when they saw MV 1 on lane 2. MV 2 did not have enough time to stop and struck MV 1.

Operator of MV3 stated that they were traveling Eastbound on Washington St when they saw MV1 rolling towards MV3. Operator of MV3 stated that they had no reaction time and could not avoid MV1.

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
RONEY, CURTIS, W	53 NOWICH RD WELLESLEY, MA 02481	-----	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

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

ELMER ACUNA

NEWTON POLICE DEPT

07/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

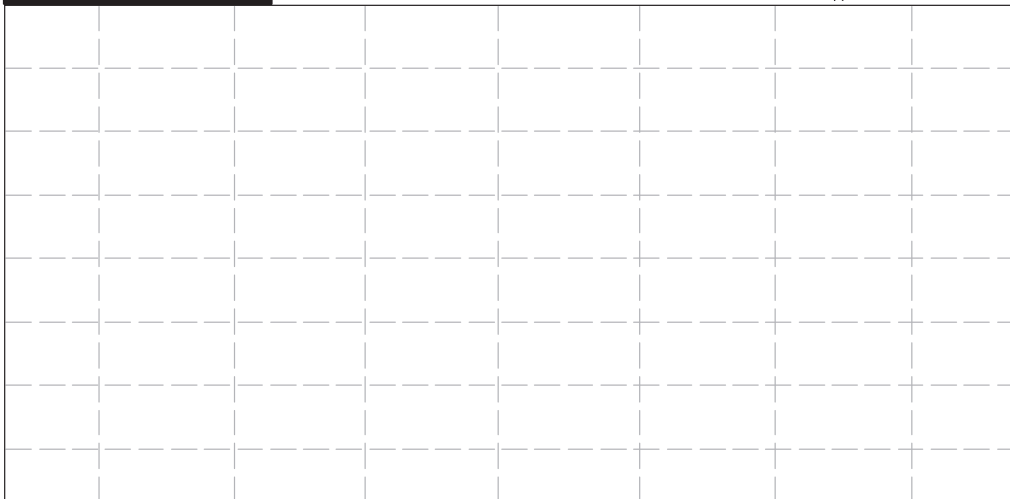
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 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 MV2 had an injury to his right shin and to his left hand. Operator of MV2 was transported to Newton Wellesley by EMS. All other parties were checked by EMS and signed a refusal sheet.

MV1, MV2, and MV3 were all towed by Todys'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 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

ELMER ACUNA

NEWTON POLICE DEPART

07/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date