

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/11/2021		Time of Crash 02:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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	
Route# Direction Name of Roadway/Street At				NORTH 35 LEXINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E W of _____ Landmark _____								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	1
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000600							
License # _____ St _____ DOB/Age _____ Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____ Operator CALLEJA ADRIANA MONTECINOS Address 22 MIDDLESEX CIR (apt. 19) City WALTHAM State MA Zip 02452 Insurance Company GEICO				Reg # 1VCN69 Reg Type PAN Reg State MA Veh Year 2011 Veh Make FORD Veh Config. 1 20 Owner SANTOS EDMAN GIOVANI Address 22 (apt. 19) MIDDLESEX City WALTHAM State MA Zip 02454 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 20 22 21 22 22 22 2 3 4 Most Harmful Event 21 23 10 Undercarriage Driver Contributing Code 21 24 24 5 11 Totaled Underride/Override 25 Towed Y								12	
Please fill out for operator and all occupants involved												13	21
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													
SANTOS, EDMAN, GIOVANI 22 MIDDLESEX (apt 19) WALTHAM, MA 02454													
CALLEJAS, JORGE, LUIS 22 MIDDLESEX CIR (apt 19) WALTHAM, MA 02452													
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed _____									
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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

35 Lexington Street

Lexington Street

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 traveling n/b on Lexington Street (public way). Operator MV-1 stated she fell asleep while returning home from fishing in Rhode Island. MV-1 crossed the double yellow line, jumped curb and struck city of Newton tree. MV-1 sustained heavy front end damage. MV-1 removed from scene by Tody's. Digital images were captured and turned over to the I.T bureau.

Operator and two passengers of MV-1 uninjured in crash and signed patient refusal.

Operator of MV-1 charged with the following:

M.G.L 89/4B-marked lane violation

M.G.L 90/10-unlicensed operation of motor vehicle on public way

M.G.L 90/24 b-negligent operation on public way

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	TREE

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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

A blank sheet of graph paper with a grid pattern. The grid consists of light gray dashed lines forming squares. There are 10 columns and 8 rows of squares. A solid black border runs along the top and left edges of the page.

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:

A note was left at 35 Lexington Street due to the damage to the lawn.

[illegible]

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 _____

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

ISAIAH JELLINEK

NEWTON POLICE DEPARTMENT

08/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____