

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/16/2021		Time of Crash 15:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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	
JACKSON RD												2	
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10	
WEST WASHINGTON ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of _____ Route# Intersecting Roadway/Street						11	
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of _____ Landmark						4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000611							
License # --- St MA DOB/Age ---				Reg # 1758JR		Reg Type PAN		Reg State MA					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2008		Veh Make TOYOTA		Veh Config. 1 20					
Operator GIANFRANCESCO ANNA				Owner (Same as operator)									12
Address 5 APRIL LANE				Address									
City LEXINGTON State MA Zip 02421				City		State		Zip					
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 9 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11 Totalled							
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												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			
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 CA DOB/Age ---				Reg # V40907		Reg Type CON		Reg State MA					
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL P Endorsment				Veh Year 2014		Veh Make RAM		Veh Config. 10 20					
Operator DE JESUS PEREIRA FRANCISCO				Owner (Same as operator)									
Address 396 RIVER RD				Address									
City HUDSON State MA Zip 01749				City		State		Zip					
Insurance Company ARBELLA PROTECTION				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11 Totalled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												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/Non-Motorist				See Above		-----		---		1 4 4 0 0 10 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Upon arrival both vehicles were off to the side of Washington St.

Operator 1 (Anna Gianfrancesco) stated she was traveling straight ahead and was turning right onto Adams St from Washington St when the accident occurred. She stated that Vehicle 2 came into her lane of travel.

Operator 2 (Francisco De Jesus Pereira) stated that he was traveling Westbound on Washington St and the Operator 1 was in the right turn lane on Washington St at Jackson Rd. He stated that Operator 1 came into his lane and side swiped his vehicle.

Upon speaking with Operator 1 again, she stated that the accident "may" have occurred at the intersection of Washington and Jackson Rd but stated it was not her fault. She repeatedly stated she was trying to turn

(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

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

Crash Narrative:
right onto Adams St.
I observed heavy damage on vehicle 1's driver side panel. Both parties declined medical attention and neither vehicle was disabled and needed a tow. Based upon the investigation, Operator 1 is at fault due to changing lanes when she did not have the right of way.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ROBERT DRAGONE			NEWTON POLICE DEPT.		08/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					