

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts										RMV Document Number		
Date of Crash 08/22/2021	Time of Crash 23:17 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 2	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:								9
Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				SOUTH 414 WALTHAM 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
														11
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000624								1
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator SAQUIN CAMEY JONATHAN Address 95 UNION ST (apt. 202) City LYNN State MA Zip 01902 Insurance Company PROGRESSIVE Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) T1445449 Violation 1: Ch 89/4A Sec Violation 2: Ch 90/10/A Sec Violation 3: Ch 90/24/C Sec Violation 4: Ch 90/24/E Sec				Reg # 2PFA24 Reg Type PAN Reg State MA Veh Year 2007 Veh Make NISSAN Veh Config. 1 20 Owner VARGAS SALVATIEI CRISTIAN EDUARDO Address 101 (apt. 2) ESSEX ST City LYNN State MA Zip 01901 Vehicle Action Prior to Crash 7 21 Damaged Area Code: (Circle Up to Three) Event Sequence 21 22 22 22 22 22 23 9 Most Harmful Event 21 10 Undercarriage Driver Contributing Code 10 24 24 5 11 Totaled Underride/Override 25 Towed Y										12
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														21
Operator See Above				NEWTON WELLESLEY H										
VARGAS SALVATIERRA, CRISTIAN, ED 101 ESSEX ST (apt 2) LYNN, MA 01901				NEWTON WELLESLEY H										
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 --- 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 22 22 23 9 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed										
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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														

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Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☹ Pedestrian

ie: → 1 → 2 →

Crash Diagram:

414 Waltham St

Orchard Ave

Vehicle 1

Vehicle 1

Vehicle 1

Waltham St

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, I observed Vehicle 1 crashed into a tree at the corner of Waltham St and Orchard Ave. The vehicle appeared to travel southbound on Waltham street and crossed the double yellow line and collided with a tree. I observed heavy front end damage to the vehicle and the tree. The vehicle was unoccupied, and the right passenger air bag had gone off.

Two witnesses, Gonzalo Milet and Can Erbil both stated they heard the crash and saw two male parties running down Orchard Ave towards Adella Ave and Watertown St.

While multiple other units were checking the area they located male parties, Jonathan Sajquin Carey and Cristian Vargars at the corner of Adella Ave and Watertown St. Both parties were unsteady on their feet. Mr. Sajquin Carey stated that he was the operator. He was issued Massachusetts Uniform citations T1445449 and

(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

ROBERT DRAGONE **NEWTON POLICE DEPT** **08/23/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

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

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

T1445449. See incident report # 21036126.

Vehicle 1 was towed by Tody's towing.

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placard

Material 1 digit #

41	Material Name
----	---------------

e_____ Material 4 digit #

Release code

42

ROBERT DRAGONE

NEWTON POLICE DEPARTMENT

08/23/2021

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____