

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/23/2021		Time of Crash 14:20 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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	
SOUTH NAHANTON ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
EAST WELLS AVE				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								2	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000626							
License # --- St MA DOB/Age ---				Reg # 1FA416 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2012 Veh Make MERZ Veh Config. 1 20									
Operator GALLO SEBASTIAN				Owner GALLO JOHN								12	
Address 298 BROOKLINE ST				Address 298 NEEDHAM ST									
City NEEDHAM ST State MA Zip 02492				City NEEDHAM State MA Zip _____									
Insurance Company UNITED SERVICES AUTO				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
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				99 4 99 0 0 10 1									
GALLO, JOHN 298 NEEDHAM ST NEEDHAM, MA				M 3 99 4 99 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age ---				Reg # 5ZP590 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions Q 19 CDL _____				Veh Year 2018 Veh Make TOYT Veh Config. 1 20									
Operator GOLDSTEIN GERALDINE				Owner (Same as operator)									
Address 677 WINCHESTER ST (apt. 507)				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company ARBELLA MUTUAL INS				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4					
Citation # (If Issued) T2015013				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
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				99 4 99 0 0 10 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

WELLS AVE

NAHANTON ST

Unit 1

Unit 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:**

On Monday 8/23/2021 at approx 1420hrs, while assigned to N498. I responded to the intersection of Wells Ave and Nahanton St (public ways) in Newton for a two car MVA hit/run. Upon arrival I spoke with the operator of MV1, Sebastian Gallo, who stated that prior to the accident, he was stopped and waiting to take a right onto Nahanton St SB. He said the light was red and there were many cars preventing him from entering traffic safely. Gallo sated that the MV2, which was directly behind him, kept honking their horn. He said he moved his vehicle further, stopped again but was then struck from behind by MV2. Gallo said that MV2 then went around his vehicle, turned left onto Nahanton St(NB) and left the scene. Gallo's father, John Gallo was able to take a picture of MV2 license plate at the scene. MV2 had a MA reg plate of 5ZP590 which cam back to Geraldine Goldstein out of 677 Winchester St in Newton(The Coleman House). See incident

(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

**KEVIN DURICKAS**      NEWTON POLICE DEPARTA      08/23/2021

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

CDP1 11 24:00

♀ Pedestrian

[illegible]

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

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

42

CDP1 11 -24:00