

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/12/2021	Time of Crash 18:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:					
<div><div>EAST</div><div>AUSTIN ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>LOWELL AVE</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>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>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000693			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator CONTRERAS PAYES JEFFERSON Address 30 FRANCIS ST City WALTHAM State MA Zip 02451 Insurance Company ARBELLA MUTUAL			Reg # 1WTP57 Reg Type PAN Reg State MA Veh Year 2007 Veh Make HONDA Veh Config. 1 20 Owner CONTRERAS ALBA LETICIA Address 30 FRANCIS ST City WALTHAM State MA Zip 02451 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y							
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			<div><div>10 Undercarriage</div><div>5 11 Totaled</div></div>							
Please fill out for operator and all occupants involved										
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 3 #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 Endorsment Operator MCDONOUGH CATHERINE Address 117 BEAUMONT AVE City NEWTON State MA Zip 02460 Insurance Company PROGRESSIVE DIRECT			Reg # 3STL41 Reg Type PAN Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 20 Owner HARRELSON MICHAEL Address 117 BEAUMONT AVE City NEWTON State MA Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
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Please fill out for operator and all occupants involved										
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			-----							
BARRERA SALGUERO, LUIS			-----							
ELLIS, SOPHIA			117 BEAUMONT AVE NEWTON, MA 02460							

Crash Narrative:

Witnesses:

Property Damage:

Truck and Bus Information:

ROBERT DRAGONE

NEWTON POLICE DEPARTMENT

09/12/2021

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:

but it was too late.

Operator 2, Catherine McDonough, stated she was traveling northbound on Lowell Ave at an estimation of 25 MPH. She stated, when she was crossing the intersection of Lowell Ave and Austin St, vehicle 1 abruptly turned onto Austin St. Ms. McDonough stated she was unable to stop in time, thus colliding into vehicle 1 at an angle.

A witness, Alessandro Baccini, stated he was riding a bicycle on Lowell Ave directly behind vehicle 2. He stated vehicle 2 had the right of way and vehicle 1 should not have turned.

All parties involved declined medical attention. Vehicle 1 was towed by Tody's Towing, and vehicle 2 was driven away by operator 2.

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

ROBERT DRAGONE

NEWTON POLICE DEPART

09/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date