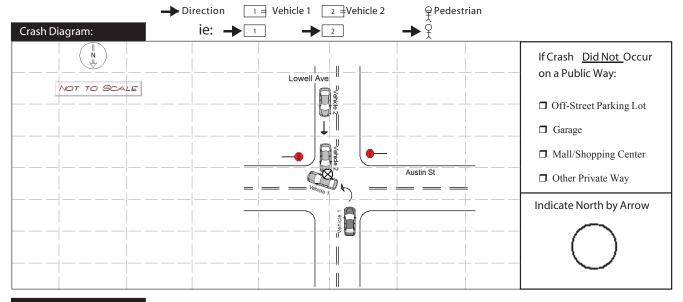
	Poli	ce Use Only		Comm	onweal	lth o	f Mass	ach	use	etts			RM	V Doc	umen	t Number	
	Date of Crash	Time of Crash		Town	Motor	Vehi	icle Cra	sh		mber hicles	Num		eed Limi		- Si	tate Police ocal Police IBTA Police	□ Xi
	09/12/2021	18:02 24HR	NEWTON		Pol	ice F	Report		2		0		ngitude_			IBTA Police other:	
		AT INTER	SECTION	:	< L	OCAT	TION	>			N()T A T	INTI	ERSI	ECT	ION:	
	EAST	T AUSTIN	N ST														2
1 1	Route# Direction Name of Roadway/Street At					Route# Direction Address # Name of Roadway/Street								eet	2		
	NORTH LOWELL AVE						Feet NSEW of or Exit Number										-
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet NSEW of										
		Route# Intersecting Roadway/Street									- -						
2 1	Route# Direction Name of Intersecting Roadway/Street						Feet NSEW of										_ 3
3	, ,						Landmark									┥.	
	XVehicle1	#Occupants	Hit/Ru	ın Mope	ed Case N	lumber		2	21000	00693							┙
	License#			MA DOB/Age		Reg#_1	IWTP57				Reg	Туре_Р	AN	Re	g Stat	e MA	_
	Sex_M Lic. 0	Class D 18 18	Lic. Restrict		DL	Veh Ye	ear_2007	V	eh Ma	ke_HC	NDA			Veh (Config	20	
4	Operator COM	NTRERAS PAYE	ES JEFFERSO	N End	dorsment	Owner	CONTRERA	S	A	LBA L	ETIC			Mid	dla .		- 1
2	Address 30 FR	ANCIS ST	rirst		viiduic		S 30 FRANCIS				FIRST			MIG	u10		_ -
	City WALTHA			State_MA_Zip_0	02451	City WALTHAM State MA Zip 02451											
	Insurance Com	pany ARBELLA	MUTUAL			Vehicle Action Prior to Crash Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)										ee)	
5 2	Vehicle Travel	Direction: N	S X W R	esponding to Emer	gency? N	Event S	Sequence 1	22	22	22	22	2	•)	(
		ssued)				Most H	Iarmful Event	1 2	.3				9) _	10 Undercarr	iage
	Violation	1: Ch Sec	Violat	ion 2: Ch Se	ec	Driver	Contributing C	Г	19	24	24	1)3	11 Totaled	
⁶ 1	Violation	3: Ch Sec	Violat	ion 4: Ch Se	ec		ide/Override		25	Towed	Y	8	7		6		
	Please f	fill out for opera	itor and all oc	cupants involved				Ī	_			29 Eig	30 31 Ect Trap de Code	32 Injury	33 Fransp.		1
	Name (Last First Middle) Address Operator See Above										Medical Facili	1 1					
										1	_	- 0		10	_		
⁷ 3	Please Select C of the Followin		2 <u>3</u> #Occup	ants Non-Mo	otorist A Type	2	4 Action	Lo	cation	1	6 Co	ndition	17		Hit/Ru	ın Mop	ed
	License#	License# St MA DOB/Age				Reg # 3STL41 Reg T					Type PAN Reg State MA						
	Sex_F Lic. 0	Class D 18 18	Lic. Restrict	ions 19 CE	DL	YYOYDA						20					
⁸ 2	Operator MC		CATHERI	NE	dorsment	Owner HARRELSON MICHAEL								_			
2		Last EAUMONT AV	First E]	Middle	Last First Middle Address 117 BEAUMONT AVE											
	City NEWTON State MA Zip 02460					City NEWTON State MA Zip									_		
				r _		-		Crash	ı [21		Damag				le Up to Thre	ee)
	Insurance Company PROGESSIVE DIRECT Vehicle Travel Direction: YSEW Responding to Emergency?N						Vehicle Action Prior to Crash Event Sequence 1 22 22 22 22 22 4 Event Sequence										
	Citation # (If Issued)					Most Harmful Front 23									iage		
	Violation 1: ChSec Violation 2: ChSec Drive						Driver Contributing Code 1 24 24 5 Towed N 5 11 Totaled Underride/Override 25 Towed N 6										
1				all occupants inv		Onderr	ide/Override		26 Seat			29 3 irbag Eje	30 31 Trap	32 Injury	33		\dashv
	Name (Last Fi	rst Middle)	rarea unu		Address		Age/DOB	Sex	Seat Pos.	System	Status	Switch C	ode Code	Status	Fransp. Code	Medical Faci	lity
	•	Non-Motorist		See	Above					1	4	4 0	0	10	1		
	BARRERA SA	LGUERO, LUIS						М	3	1	2	1 0	0	10	1		
	ELLIS, SOPHI	A	I	117 BEAUMONT A NEWTON, MA 024				F	3	1	4	4 0	0	10	1		



Crash Narrative:

Upon arrival, I observed vehicle 1 (Massachusetts Registration:1WTP57, 2007 Honda Civic) and vehicle 2 (Massachusetts Registration: 3STL41, 2010 Honda Civic) in the middle of the intersection of Lowell Ave and Austin St (public ways in the City of Newton). I observed heavy damage to the back passenger door to vehicle 1, the airbags were deployed, and both occupants were out of the vehicle. There was significant damage to the front bumper of vehicle 2 causing the license plate to fall off.

Operator 1, Jefferson Contreras Payes, did not speak English, therefore the passenger, Luis Barrera Salguero

translated and gave a statement. He stated that they were traveling southbound on Lowell Ave and they were turning left onto Austin St when they collided with vehicle 2. He indicated that vehicle 2 was traveling northbound on Lowell Ave prior to the collision. Mr. Salguero stated he tried to warn operator 1 not to turn,

(Continued on next page)

Address			Phone #	ŧ	Statement
					N
Address	Phone #	34-Type	Description of Dama	ged Property	
	`	hicle Section)	Carrier Issu	ning Authority Cod	e 35
	City		St	Zip	
tate Number	Issuing State	ICC #:_		Interstate	36
Vehicle Weight 38			39		
Reg Type Reg State	Reg Year_	Tı			
41 Material Name		_ Material 4	digit#	Release code	42
	Address Registration # State Number Vehicle Weight Reg Type Reg State	Address Phone # Registration # (From Velegate Number Issuing State Vehicle Weight Reg Type Reg State Reg Year Reg Year (From Velegate Number Issuing State Reg Year Reg Year (From Velegate Number Issuing State Reg Year (From Velegate Number (From Velegate N	73 OAKCLIFF RD NEWTON,MA 02460	Address Phone # 34-Type Description of Dama Registration #	Address Phone # 34-Type Description of Damaged Property Registration #(From Vehicle Section)Carrier Issuing Authority CodCityStICC #:Interstate Vehicle Weight 38

ROBERT DRAGONE		1	NEWTON POLICE DEPARTM		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: → 🗆	→ [2	→Ŷ						
		 			If Crash <u>Did Not</u> Occur on a Public Way:					
					☐ Off-Street Parking Lot					
					☐ Garage					
					☐ Mall/Shopping Center					
			<u> </u>	- — — — — — —	☐ Other Private Way					
					Indicate North by Arrow					
		 	 	- — — — — — —						
					()					
Crash Narrative:										
but it was too late.										
Operator 2, Catherine McD	Oonough, stated	she was trav	eling northbo	ound on Lowell Ave	a at an estimation of 25					
MPH. She stated, when she	was crossing the	he intersect	ion of Lowel	l Ave and Austin St	c, 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 Bac	cini, stated he	was riding	a bicycle on	Lowell Ave directl	y behind vehicle 2. He					
stated vehicle 2 had the	right of way and	d vehicle 1	should not	nave turned.						
All parties involved decl	ined medical at	tention. Veh	icle 1 was to	owed by Tody's Tow	ring, 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 Descriptio	n 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 G	ross Vehicle Weight	38								
Trailer Reg #:	Reg Type	Reg State _	Reg Yea	Trailer Length	39					
Hazmat Information:										
Placard 40 Material 1 digi	t # 41 Material N	lame		Material 4 digit #	Release code 42					
ROBERT DRAGONE			N	EWTON POLICE DEPARTM	09/12/2021					
Police Officer Name (Please Print)	Signature				ecinct/Barracks Date					