

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number							
Date of Crash 09/20/2021	Time of Crash 12:22 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 3	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:								
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:							
EAST WASHINGTON ST Route# Direction Name of Roadway/Street At PARK ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of or Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000731					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator LOPES MARINEIDE JESUS Address 48 HARVARD ST City NEWTON State MA Zip 02460 Insurance Company GEICO			Reg # 5AVE80 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address City State 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 Y Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec											
Please fill out for operator and all occupants involved			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 3 99 0 0 8 2			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #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 M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator FARAJI MICHAEL Address 25 LEONARD ST City MILFORD State MA Zip 01757 Insurance Company STANDARD FIRE			Reg # 8NWJ30 Reg Type PAN Reg State MA Veh Year 2016 Veh Make CHEV Veh Config. 1 20 Owner (Same as operator) Address City State Zip 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 6 24 24 Underride/Override 25 Towed Y Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec											
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Operator/Non-Motorist			See Above		-----		---		---		1 4 99 0 0 8 2			
GREGOIRE, BRITTANY					-----		F		3		1 4 99 0 0 8 2			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

PARK ST

Unit 1

Unit 2

← N →

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 September 20th, 2021 at approximately 12:22 hours while working N491 I responded with Fallon Ambulance and NFD to a report of a MV crash on Washington St @ Park St with injuries.

On my arrival I located both involved vehicles on Washington St near Park St.

Vehicle #1 was a 2015 Grey Toyota RAV4, MA REG. 5AVE80, operated by a Marineide Lopes. She stated she was going E/B on Washington St @ Park St in the far left lane when vehicle #2 who was on her right, next lane over attempted to turn left in front of her causing the crash. The impact forced her vehicle to the left onto an island causing further damage to her vehicle.

Vehicle #2 was a 2016 White Chev.Cruz MA REG. 8NWJ30, operated by a Michael Faraji. HE stated he was going E/B on Washington St when his GPS indicated to make a left turn (north) towards the Centre St Bridge. He

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
WILDSTEIN, MEGHAN,	,	----	N

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

09/20/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

