

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number					
Date of Crash 10/07/2021	Time of Crash 11:37 24HR	City/Town NEWTON	Number Vehicles 4	Number Injured 1	Speed Limit 5 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:					
Route# Direction Name of Roadway/Street At			NORTH 1101 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3					
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000794			
License # --- St MA DOB/Age ---			Reg # 3MKH84 Reg Type PAN Reg State MA			20						
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2018 Veh Make MERCEDES Veh Config. 1			12						
Operator GREENBERG NORMA M Last First Middle			Owner (Same as operator) Last First Middle			1						
Address 49 PIERREPONT RD			Address			13						
City NEWTON State MA Zip 02462			City State Zip			2						
Insurance Company UNITED SERVICES			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage						
Citation # (If Issued)			Most Harmful Event 2 23			5 11 Totaled						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 10 24 24			6						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			7						
Please fill out for operator and all occupants involved			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			NWH						
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 # 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 ---			Reg # 3YF272 Reg Type PAN Reg State MA			20						
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2017 Veh Make HONDA Veh Config. 1			1						
Operator --- Last First Middle			Owner BAYANILLA LUIS A Last First Middle			1						
Address			Address 110 (apt. 2R) COLUMBUS AVE			13						
City State Zip			City WALTHAM State MA Zip 02481			2						
Insurance Company GEICO			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			10 Undercarriage						
Citation # (If Issued)			Most Harmful Event 1 23			5 11 Totaled						
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			6						
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			7						
Please fill out for operator and all occupants involved			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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Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street				Feet N S E W of Mile Marker Exit Number				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Intersecting Roadway/Street				Feet N S E W of Landmark				
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000794		
License # St DOB/Age			Reg # BS193 Reg Type PAS Reg State RI			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2019 Veh Make HYUNDAI Veh Config. 2 20		
Operator Last First Middle			Owner DOOLEY TONY			Address 118 FARM DR			City CUMBERLAND State RI Zip 02864		
Insurance Company PROGRESSIVE DISTRICT			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Most Harmful Event 2 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			10 Undercarriage 5 11 Totaled		
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								
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 4 0 #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			Reg # 2TRY24 Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2022 Veh Make VOLKSWAGEN Veh Config. 1 20		
Operator Last First Middle			Owner VW CREDIT LEASING LTD			Address 1401 FRANKLIN BLVD			City LIBERTYVILLE State IL Zip 60048		
Insurance Company PROGRESSIVE DISTRICT			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 4		
Vehicle Travel Direction: N S X W Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
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Operator/Non-Motorist			See Above								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Walgreen's Parking Lot

Walgreen's 1101 Beacon St

Unit 4 Unit 3 Unit 2 Unit 1

NOT TO SCALE

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 10/7/21 at about 1145am I was dispatched to 1101 Beacon St the Walgreen's parking lot for an MVA with injuries. On arrival, I observed 3 parked unoccupied MVs heavily damaged that were smashed into each other. I was approached by one of the MV owners, Tony Dooley. Mr Dooley stated he was walking out of the Walgreen's front door heading to his parked MV (#3) which was approximately <30 feet away. His attention was suddenly drawn to a speeding MV (MA reg 3MKH84) driving through the lot that veered right and smashed into the 3 cars. Mr Dooley's MV was the middle car smashed between the other 2. The female operator briefly stopped afterwards and pulled into an adjacent parking spot at a crooked angle. I approached the female operator who was being taken out of her car and placed onto the stretcher by medics for transport. Female operator was identified as Ms Norma Greenberg. I asked her what happened? She replied in a bewildered manner

(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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	10/07/2021
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:

"I have no idea." I asked her if she was taking any medications today and she replied yes, to treat a spinal condition she has. Ms Greenberg had lacerations on her legs and arm with heavy bleeding as a result of the impact. Ms Greenberg's vehicle (#1) was towed with significant front damage and airbag deployment. MV#2, the first car struck on impact, was towed with very heavy passenger side, rear end damage and driver's side damage. MV#3, the middle vehicle, was towed with significant passenger side damage, flat tire and driver's side damage. MV#4, sustained significant passenger side damage which was able to be driven from the scene. Based on observations and statements, it appeared Ms Greenberg had suddenly dangerously accelerated through a congested parking lot causing heavy damage. Ms Greenberg's driving history shows surchargable accidents from 7/1/21, 11/1/20, 8/25/15 and 12/26/10. Due to Ms Greenberg's inability to recall how or what happened, I am

(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 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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

10/07/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

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

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

Placard	40
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CDP1 11 -24:00