

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/10/2021	Time of Crash 14:45 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 1593 WASHINGTON ST								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000930		
License # --- St MA DOB/Age ---			Reg # 6NH642			Reg Type PAS			Reg State MA		
Sex F Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2006			Veh Make TOYOTA			Veh Config. 1 20		
Operator LOPES SANDRA			Owner (Same as operator)			First Middle			First Middle		
Address 84 CRESTHILL RD (apt. 2)			Address			First Middle			First Middle		
City BRIGHTON State MA Zip 02135			City _____ State _____ Zip _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Insurance Company PERMANANT GENERAL ASSURANCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			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			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			8 7 6			8 7 6		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6			8 7 6		
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 --- --- 99 99 99 0 0 99 1			Operator See Above --- --- 99 99 99 0 0 99 1		
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 ---			Reg # 6PMB90			Reg Type PAS			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015			Veh Make JEEP			Veh Config. 1 20		
Operator RUIZ ESPINOZA YAMILEYXIS			Owner (Same as operator)			First Middle			First Middle		
Address 23 BELMONT PL (apt. 3)			Address			First Middle			First Middle		
City BROCKTON State MA Zip 02301			City _____ State _____ Zip _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Insurance Company GOVT EMPLOYEE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			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			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			11 Totaled		
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6			8 7 6		
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/Non-Motorist See Above --- --- 1 4 99 0 0 8 2			Operator/Non-Motorist See Above --- --- 1 4 99 0 0 8 2		
VASQUEZ-RUIZ, ALAIAH			60 BRETT ST BROCKTON, MA			F 6 4 4 99 0 0 10 1			NWH		



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

1593 WASHINGTON ST

WARREN HOUSE PARKING LOT EXIT

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:**

OPERATOR OF MV 2 STATED THAT SHE WAS TRAVELING EAST ON WASHINGTON ST BEHIND MV 1 PRIOR TO THE ACCIDENT. MV 1 STOPPED IN THE RIGHT HAND TRAVEL LANE ON WASHINGTON ST IN FRONT OF THE WARREN HOUSE IN ORDER TO LET ANOTHER VEHICLE TURN LEFT ONTO WASHINGTON ST, AND MV 2 ALSO STOPPED. MV 3 (WHO WAS TRAVELING RIGHT BEHIND MV 2) DID NOT STOP AND REAR ENDED MV 2. DUE TO THE IMPACT FROM MV 3 STRIKING MV2, MV2 STRUCK MV1 FROM BEHIND AS WELL.

MV 1 WHO INITIALLY STOPPED ON WASHINGTON ST IN ORDER TO LET A MV TURN LEFT OUT OF THE DRIVEWAY OF THE WARREN HOUSE, LEFT THE SCENE PRIOR TO EXCHANGING INFORMATION WITH THE OTHER INDIVIDUALS INVOLVED. A WITNESS IDENTIFIED AS KATE VELASQUEZ HELLER WAS ABLE TO TAKE A PICTURE OF MV1 WHICH INCLUDED THEIR LICENSE PLATE (MA REG 6NH642) AND IT SHOULD BE NOTED THEIR REAR WINDSHIELD WAS BLOWN OUT DUE TO THE IMPACT. THIS

(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

**MATTHEW W COLELLA**      **NEWTON POLICE DEPT**      **11/10/2021**

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

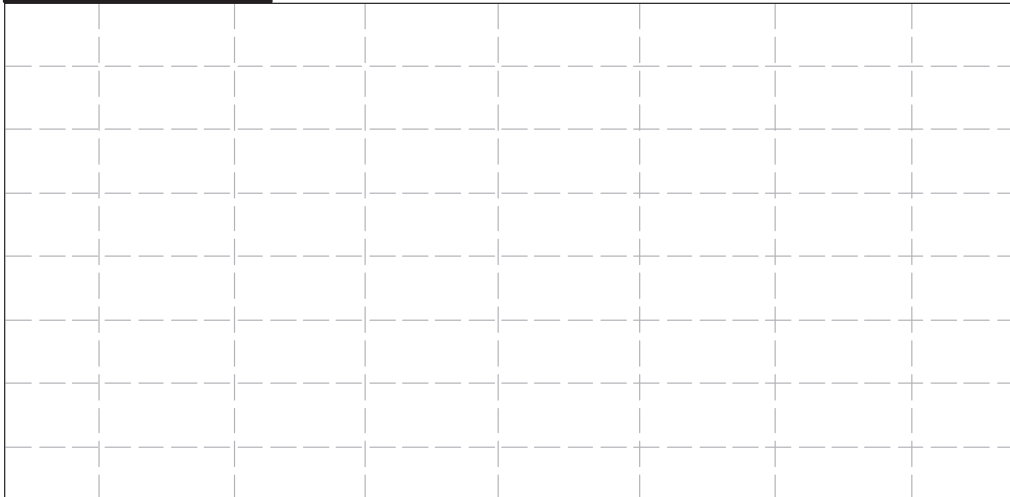
CDP1 11 -24:00



→ 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:**

THEY HAVE A CHANCE. I VIEWED BOTH DASH CAM VIDEOS WHICH WERE EMAILED TO ME, AND IT CONFIRMS THAT MV 3 CAUSED THE ACCIDENT BY NOT STOPPING AND REAR ENDING MV 2. THESE VIDEOS WERE ALSO ATTACHED TO THIS REPORT BY THE IT BUREAU.

UPDATE: ON 11/12/21 I RECEIVED A CALL FROM SALINA LOPES AND HER FRIEND WHO HELPED TRANSLATE FOR HER DUE TO A LANGUAGE BARRIER. SALINA CONFIRMED THAT SHE WAS THE PERSON DRIVING HER VEHICLE AT THE TIME OF THE CRASH AND SHE DIDN'T STAY ON SCENE BECAUSE SHE WAS NERVOUS. SHE WAS ADVISED SHE WOULD BE ISSUED A CITATION VIA MAIL FOR CH. 90 S.10 UNLICENSED OPERATION.

**Witnesses:**

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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

**MATTHEW W COLELLA**

NEWTON POLICE DEPT

**11/10/2021**

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date