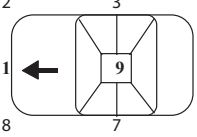
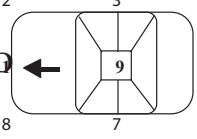


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/17/2021	Time of Crash 07:33 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 5 WESLEY ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000947	
License # _____ St MA DOB/Age _____			Reg # 41TW92			Reg Type PAS			Reg State MA	
Sex M Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2013			Veh Make TOYOTA			Veh Config. <u>1</u> <u>20</u>	
Operator WENHOLD DAVID			Owner HEAPHY NADINE							
Address 15 OFF STATION ST			Address 8 FARRELL RD							
City WEYMOUTH State MA Zip 02189			City LYNN State MA Zip 01905							
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash <u>10</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>						11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB		Sex	26 Seat Pos.	27 Safety System
Operator			See Above			-----		---	---	1 4 99
										0 0 10 1
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St _____ DOB/Age _____			Reg # 1MRS72			Reg Type PAS			Reg State MA	
Sex M Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year 2021			Veh Make TOYOTA			Veh Config. <u>2</u> <u>20</u>	
Operator RIVERA AREVALO NELSON			Owner DUBON AREVALO DELMI ESTHER							
Address 501 CONCORD ST			Address 99 (apt. 2L) ROBBINS ST							
City FRAMINGHAM State MA Zip 01702			City WALTHAM State MA Zip 02453							
Insurance Company LM GENERAL			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage	
Citation # (If Issued) T2013016			Most Harmful Event <u>1</u> <u>23</u>						11 Totaled	
Violation 1: Ch <u>90/10/A</u> Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB		Sex	26 Seat Pos.	27 Safety System
Operator/Non-Motorist			See Above			-----		---	---	3 4 99
										0 0 10 1

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

Crash Diagram:

NOT TO SCALE

CENTRE ST

5 WESLEY ST

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 1 STATED HE WAS MOVING HIS CO WORKERS VEHICLE (BACKING UP IN REVERSE) WHEN HE STRUCK MV2'S FRONT BUMPER, WHO WAS ON WESLEY ST BEHIND HIM. MV 1 HAD MINOR DAMAGE AND NO INJURIES WERE REPORTED.

OPERATOR OF MV 2 WAS ON WESLEY ST WHEN MV 1 BACKED UP INTO HIM. MV 2 SUSTAINED MINOR DAMAGE AND NO INJURIES WERE REPORTED. THROUGH MY INVESTIGATION IT WAS DETERMINED THAT THE OPERATOR OF MV 2 DID NOT HAVE A VALID MASSACHUSETTS DRIVERS LICENSE AND WAS ISSUED MA UNIFORM CITATION T2013016 FOR CH.90 S.10 UNLICENSED OPERATION. A LICENSED OPERATOR SHOWED UP ON SCENE AND TOOK POSSESSION OF MV2. HE ALSO HELPED TRANSLATE FOR THE OPERATOR OF MV 2 WHO DID NOT SPEAK ENGLISH.

(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.

11/17/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian



SEE INCIDENT REPORT #21048273 FOR INFORMATION RELATED TO THE UNLICENSED OPERATOR AND CITATION.

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CDP1 11 -24:00