

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/23/2021		Time of Crash 14:36 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:						9		
NORTH CENTRE ST												2		
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10		
At				Feet N S E W of _____ or _____ Mile Marker Exit Number										
EAST SARGENT ST														
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11		
Also at Intersection with				Route# Intersecting Roadway/Street								3		
Route# Direction Name of Intersecting Roadway/Street				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000979						
License # --- St MA DOB/Age ---				Reg # 7VK497				Reg Type PAN		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2004				Veh Make TOYOTA		Veh Config. 1 20				
Operator DIAZ HECTOR MANUEL ROMERO				Owner (Same as operator)								12		
Address 237 WATERTOWN ST (apt. B)				Address										
City NEWTON State MA Zip 02458				City State Zip										
Insurance Company ARBELLA MUTUAL INS				Vehicle Action Prior to Crash 1 21								Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4						
Citation # (If Issued)				Most Harmful Event 1 23				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6						
Please fill out for operator and all occupants involved												13		
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility				
Operator				See Above		-----		---						
YOUNG-FULLER, KATHLEEN, J				237 WATERTOWN STREET (apt B) NEWTON, MA 02458		--- ---		F 3		1 4 99 0 0 10 1				
YOUNG, MICHAEL				237 WATERTOWN ST (apt B) NEWTON, MA 02458		--- ---		M 4		1 4 99 0 0 10 1				
YOUNG, TRACY				237 WATERTOWN ST (apt B) NEWTON, MA 02458		--- ---		F 6		1 4 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 NY DOB/Age ---				Reg # V82126				Reg Type CON		Reg State MA				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2019				Veh Make CHEVY		Veh Config. 2 20				
Operator GOMES DA SILVA ADEVALDO				Owner M P MURPHY BUILD										
Address 29 LEXINGTON ST				Address 23 EMMONSDALE RD										
City WATERTOWN State MA Zip 02472				City WEST ROXBURY State MA Zip 02132										
Insurance Company UNITED FINANCIAL CASUALTY				Vehicle Action Prior to Crash 1 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				2 3 4						
Citation # (If Issued)				Most Harmful Event 1 23				1 9 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 3 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6						
Please fill out for operator and all occupants involved												13		
Name (Last First Middle)				Address		Age/DOB		Sex		Medical Facility				
Operator/Non-Motorist				See Above		-----		---						

Crash Narrative:

Operator #1 stated he was travelling northbound on Centre St crossing Sargent St when MV#2 ran the red light and they collided. His passengers stated their light was green. MV#1 suffered moderate damage to the front left side of the vehicle. Operator #2 stated he was travelling eastbound on Sargent St across Centre St where he had a green light when MV#1 ran through a red light at a high rate of speed. MV#2 suffered minor damage to the front right and was able to be driven from the scene. The owner of MV#2 (Matt Murphy - MP Murphy Builders) arrived on scene and was advised. No injuries reported.

On 11/23, an independent witness contacted the Newton Police Traffic Bureau. She indicated that Operator MV#2 ran the red light and was at fault for this accident. See narrative.

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

MEGHAN E MCLEAN		38801	NEWTON POLICE DEPT		11/23/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					