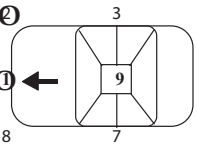
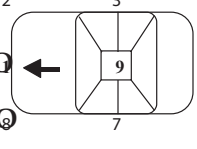


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/30/2021	Time of Crash 08:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
SOUTH Route# _____ Direction _____ Name of Roadway/Street _____ At _____			2 9								
WEST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			2 10								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			11 3								
<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000999		
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>42XG98</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2019</u> Veh Make <u>VOLKS</u> Veh Config. <u>2</u> 20			12		
Sex <u>F</u> Lic. Class <u>D</u> 18 18 Lic. Restrictions <u>B</u> 19 CDL _____			Operator <u>KIM</u> <u>AGNES</u> <u>M</u>			Owner <u>SEOK</u> <u>WONYEOP</u>			1		
Address <u>18 TAMARAC ROAD</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02464</u>			Address <u>18 TAMARAC RD</u>			City <u>NEWTON</u> State <u>MA</u> Zip <u>02464</u>		
Insurance Company <u>GEICO</u>			Vehicle Action Prior to Crash <u>6</u> 21			Damaged Area Code: (Circle Up to Three)			5 2		
Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totalled		
Citation # (If Issued) _____			Most Harmful Event <u>1</u> 23			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>			6 1		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13 1	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
SEOK, ARIELA			18 TARAMAC RD NEWTON, MA 02464			--- --			M		
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 <u>CA</u> DOB/Age _____			Reg # <u>1ZJH96</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2009</u> Veh Make <u>MERCURY</u> Veh Config. <u>1</u> 20			8 2		
Sex <u>M</u> Lic. Class <u>C</u> 18 18 Lic. Restrictions <u>1</u> 19 CDL _____			Operator <u>LAFAIETEFGRHERINC</u> <u>WESLEY</u>			Owner <u>(Same as operator)</u>					
Address <u>407 CAMBRIDGE STREET (apt. 1)</u>			City <u>WORCESTER</u> State <u>MA</u> Zip <u>01610</u>			Address _____			City _____ State _____ Zip _____		
Insurance Company <u>GEICO</u>			Vehicle Action Prior to Crash <u>1</u> 21			Damaged Area Code: (Circle Up to Three)			5 2		
Vehicle Travel Direction: <u>N</u> <input checked="" type="checkbox"/> <u>E</u> <u>W</u> Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>						10 Undercarriage 11 Totalled		
Citation # (If Issued) <u>T1445575</u>			Most Harmful Event <u>1</u> 23			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>			6 1		
Violation 1: Ch <u>90/26A</u> Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>Y</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13 1	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 → Pedestrian

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 Tuesday November 30, 2021 at approx. 0857 hours I responded to the area of Chestnut Street and Ellis Street for a report of a two motor vehicle crash with unknown injuries.

Upon arrival on scene Medics and Fire personnel were rendering aid to all operators / occupants, due to the location of the crash additional units were requested on scene to divert traffic.

Operator of vehicle one Ms. Kim, stated she stopped at the stop sign. She stated her vision was obstructed with a truck that was parked on the northeast corner of Chestnut Street / Winter Street.. She stated she accelerated forward looking south and north. She stated she was going through the intersection when vehicle two traveling southbound had struck her vehicle.

Operator of vehicle two Mr. Lafaiete-Gheringer stated he was traveling south on Chestnut Street when vehicle

(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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram: ie: → 1 → 2 →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

one traveled west from Winter Street through the intersection and struck his vehicle.

After Medic evaluations on Ms. Kim and her child Ariela Seok, she signed patient refusal's with no reported injuries at this time.

Mr. Lafaiete-Gheringer was transported to Newton Wellesley Hospital for a minor laceration on his head due to impact, non life threatening.

Todys towing of 1354 Washington Street arrived on scene and towed both vehicles to their tow lot. Towed inventory sheets were completed.

All parties advised of the process and I advised them my contact information.

After reviewing the crash site area, possible obstructions and a safer way for vehicular and pedestrian

(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

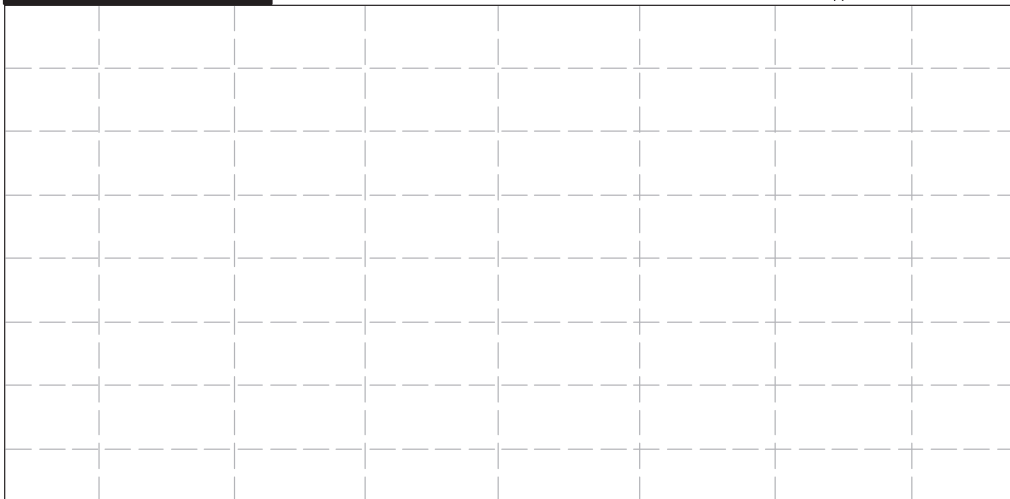
Hazmat Information:

Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

→ 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:

traffic, I am recommending a stop sign be placed on the southbound lane Chestnut Street just prior to Ellis Street.

In addition Mr. Lafaiete-Gheringer has an active registration without a Massachusetts license with an effective date of August 16, 2021. He currently has an active California License, with an California address.

Therefore I am issuing and mailing Mr. Lafaiete-Gheringer MA citation number T1445575(warning) for Chapter 90 Section 26a Failure to notify registry of his license address change.

(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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

11/30/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

[illegible]

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

Placa

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

ROCCO D MARINI

13963

NEWTON POLICE DEPARTMENT

11/30/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____