Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
02/06/2022	16:31 24HR	NEWTON	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

LOCATION

AT INTERSECTION:

1 / 1 — Route# WEST Direction — COMMONWEALTH AVE Name of Roadway/Street

At

Route# NORTH Direction — ASH ST Name of Intersecting Roadway/Street

Also at Intersection with

2 / 1 — Route# Direction — Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

2 / 9 — Route# Direction Address # — Name of Roadway/Street

2 / 10 — Feet N S E W of Mile Marker ___ ___ ___ • ___ or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

2 / 11 — Feet N S E W of Landmark

3 / 1 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 22000113

Vehicle 1

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D (18) (18) Lic. Restrictions 1 (19) CDL Endorsment

4 / 3 — Operator BROWNE JR (Last) MICHAEL (First) K (Middle)

Address 55 SILVER ST

City RANDOLPH State MA Zip 02368

Insurance Company FARMERS INSURANCE

5 / 1 — Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued)_____

6 / 2 — Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 2XE828 Reg Type PAN Reg State MA

Veh Year 2008 Veh Make FORD Veh Config. 1 (20)

4 / 12 — Owner CALABRESE (Last) NICHOLAS (First) (Middle)

Address 55 SILVER ST

City RANDOLPH State MA Zip 02368

Vehicle Action Prior to Crash 1 (21)

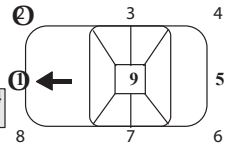
Event Sequence 1 (22) (22) (22) (22)

Most Harmful Event 1 (23)

Driver Contributing Code 19 (24) (24)

Underride/Override (25) Towed N

Damaged Area Code: (Circle Up to Three)



4 / 13 — 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	

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants | ☐ Non-Motorist A Type (14) Action (15) Location (16) Condition (17) | ☐ Hit/Run | ☐ Moped

Vehicle 2

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D (18) (18) Lic. Restrictions 1 (19) CDL Endorsment

8 / 1 — Operator ABEIGA (Last) GIOVANNA (First) (Middle)

Address 63 HIGH ST

City WALTHAM State MA Zip 02453

Insurance Company GENERAL INSURANCE

Vehicle Travel Direction: N S E ☒ Responding to Emergency? N

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 9GNV80 Reg Type PAN Reg State MA

Veh Year 2015 Veh Make HONDA Veh Config. 1 (20)

Owner FAZIO (Last) MARIA (First) (Middle)

Address 63 HIGH ST

City WALTHAM State MA Zip 02453

Vehicle Action Prior to Crash 2 (21)

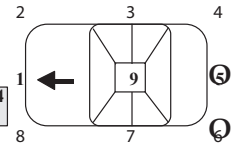
Event Sequence 1 (22) (22) (22) (22)

Most Harmful Event 1 (23)

Driver Contributing Code 1 (24) (24)

Underride/Override (25) Towed N

Damaged Area Code: (Circle Up to Three)



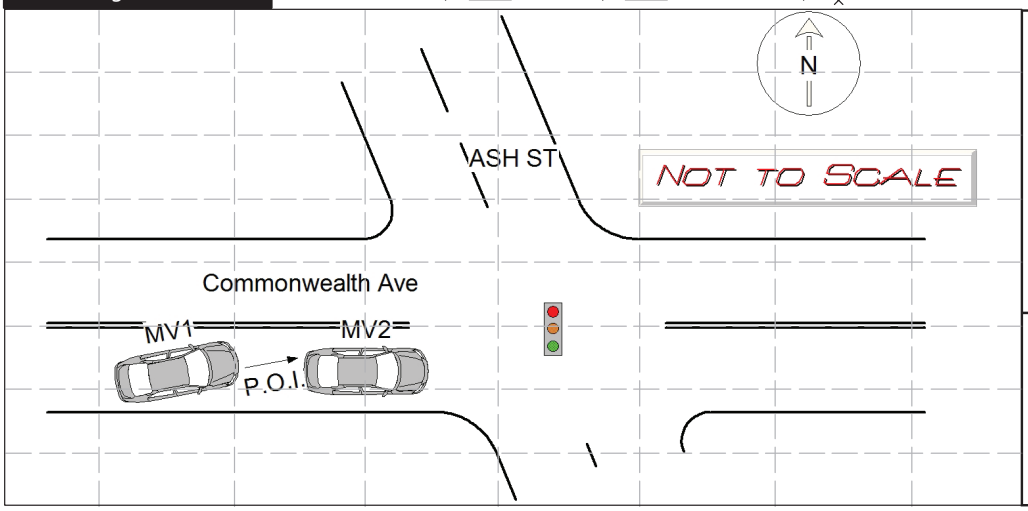
8 / 13 — Please fill out for operator and all occupants involved

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	4	0	0	10	1	

Crash Diagram:

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

On arrival the operator of MV2 stated that the operator of MV1 had already left the scene after swapping papers because he was in a rush to pick up his daughter. The operator of MV2 stated she was stopped at a red light on Commonwealth Ave when she was struck from behind by MV1. MV2 sustained damage to the rear bumper and drivers side brake light area but was able to drive away from the scene. MV1 has unknown damage as it had already left the scene on my arrival. A query of the operator of MV1's MA Drivers License shows status suspended.

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]

KEVIN JOYCE			NEWTON POLICE DEPARTM		02/06/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date