

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/12/2022	Time of Crash 15:15 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 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:				
EAST COMMONWEALTH AVE Route# _____ Direction _____ Name of Roadway/Street _____ At _____ CENTRE STREET Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000140	
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator PRIZANT ARIEL Address 1600 BEACON STREET (apt. 202) City BROOKLINE State MA Zip 02446 Insurance Company GEICO GENERAL INSURANCE COMPANY Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 5WK761 Reg Type PAN Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed N			Reg # 5WK761 Reg Type PAN Reg State MA Veh Year 2020 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 1 24 Underride/Override 25 Towed N				
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			13 1				
Operator			See Above							
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # W63589 Reg Type CON Reg State MA Veh Year 2011 Veh Make MERCEDES Veh Config. 1 20 Owner JEAN-BAPTISTE FRITHERSON Address 33 (apt. 137) NEWTOWNES COURT City CAMBRIDGE State MA Zip 02139 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N			Reg # W63589 Reg Type CON Reg State MA Veh Year 2011 Veh Make MERCEDES Veh Config. 1 20 Owner JEAN-BAPTISTE FRITHERSON Address 33 (apt. 137) NEWTOWNES COURT City CAMBRIDGE State MA Zip 02139 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N				
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Operator/Non-Motorist			See Above							

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

Crash Diagram:

Commonwealth Avenue

Centre Street

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:

MV1 Operator states he was at the intersection of Commonwealth Avenue and Centre Street traveling eastbound. MV1 Operator stated the green light for the left turn only was activated. The green light to go straight ahead for the middle lane was not activated. MV1 Operator states he was then rear ended by MV2. MV1 Operator stated the other vehicle drove away without stopping to exchange information. MV1 sustained damage to rear center. MV1 Operator had no injuries.

Dispatch stated MV2 (MA REG #W63589) had no MA OLN on file for the vehicle. I was unable to find or contact anyone who owned MV2. No injuries, no tows.

Traffic Bureau update (Officer Gaudet): MV2 is a black 2011 Mercedes E350 (MA CON: W63589)

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Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DRABIUK, ROBERT,	34 SUMNER STREET NEWTON, MA	-----	Y

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

CHRISTOPHER PERRY      NEWTON POLICE DEPT      02/12/2022

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

CDP1 11 -24:00



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



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:

that works for him. Mr. Jean-Baptiste was not able to provide the name of the operator of his vehicle at the time of the crash, but stated he would look into it and contact me with that information.

Mr. Jean-Baptiste contacted me later the day and said he was half asleep when we first spoke. I explained to Mr. Jean-Baptiste again why I contacted him regarding his vehicle. Mr. Jean-Baptiste stated his girlfriend has COVID and he has been quarenteening with her in Quincy. Mr. Jean-Baptiste stated his car was parked in Cambridge and to his knowledge no one else has operated it. Mr. Jean-Baptiste stated he did not understand what was going on with his vehicle and stated he now does not know where it is. Mr. Jean-Baptiste stated he believes his vehicle may now be stolen.

Mr. Jean-Baptiste was advised that if he believes his vehicle was stolen and he does not know who was

(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

CHRISTOPHER PERRY

NEWTON POLICE DEPART

02/12/2022

Police Officer Name (Please Print)


Signature


ID/Badge #

Department

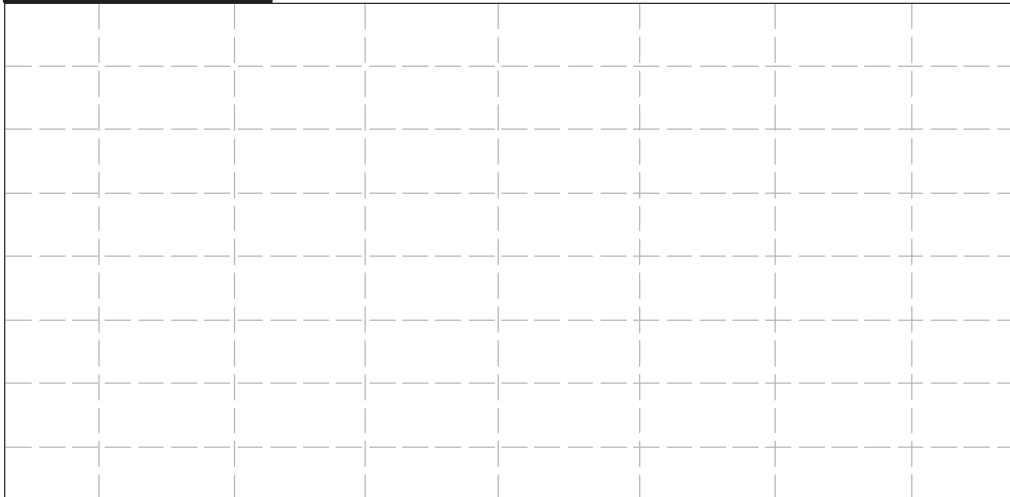
Precinct/Barracks

Date

→ Direction ☐ 1 Vehicle 1 ☐ 2 Vehicle 2  Pedestrian

ie: → ☐ 1 → ☐ 2 → 

#### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

- ☐ Off-Street Parking Lot
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- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

operating it at the time of the crash on February 12, he needs to contact the Cambridge Police Department and report the vehicle stolen. I advised Mr. Jean-Baptiste that I would follow up with him about his vehicle and it's operator.

Officer Perry spoke with a witness to the crash, Mr. Robert Drabiuk. Mr. Drabiuk stated he was at the intersection of Commonwealth Avenue and Centre Street on foot when he observed the crash. Mr. Drabiuk stated to Officer Perry he observed MV2 rear end MV1. Mr. Drabiuk also stated the operator of MV2 got out of the vehicle after the crash, put his hands in the air, and then drove away without exchange of information. Mr. Drabiuk stated he observed a black Mercedes (MA REG # W63589) drive off and stated there was a black male operating the motor vehicle.

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#### 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

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NEWTON POLICE DEPART

02/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

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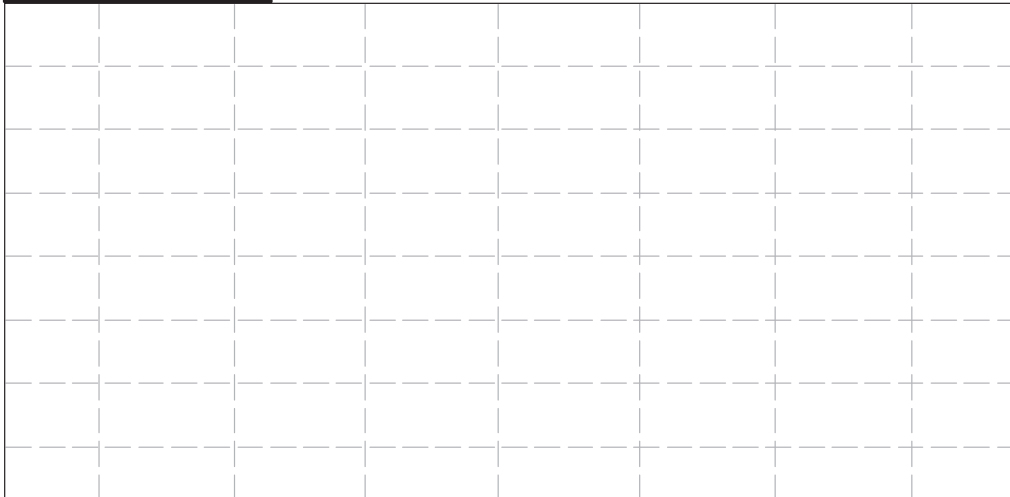
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

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Indicate North by Arrow



#### Crash Narrative:

Traffic Bureau update (Officer Gaudet): As of February 28, 2022, I have attempted to contact Mr. Jean-Baptiste numerous times to follow up on his vehicle's involvement in this crash. A party answers the phone and after I identify myself they hang up. There is no record to date of Mr. Jean-Baptiste reporting his vehicle stolen. At this time, I am unable to identify Mr. Jean-Baptiste as the operator of the vehicle involved in the crash.

#### 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

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CHRISTOPHER PERRY

NEWTON POLICE DEPART

02/12/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date