

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/15/2022		Time of Crash 19:11 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 106 AUBURN ST 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 _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
1 4				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000156	
License # _____ St MA DOB/Age _____				Reg # 231JP6 Reg Type PAN Reg State MA								2	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2020 Veh Make TOYT Veh Config. 1 20								7	
Operator GREENBERG IRINA S				Owner GREENBERG DAVID								12	
Address 24 HARDWOOD ROAD				Address 24 HARWOOD ROAD									
City NATICK State MA Zip 01760				City NATICK State MA Zip 01760									
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 30 22 35 22 22 22				10 Undercarriage					
Citation # (If Issued) T1448090				Most Harmful Event 35 23				11 Totaled					
Violation 1: Ch 90/24F Sec _____ Violation 2: Ch 90/24F Sec _____				Driver Contributing Code 10 24 9 24									
Violation 3: Ch 89/4A Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
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												97	
Operator See Above				99 4 4 0 0 9 2				NEWTON WELLESLEY H					
7 1 Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #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 _____ DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator _____				Owner _____									
Address _____				Address _____									
City _____ State _____ Zip _____				City _____ State _____ Zip _____									
Insurance Company _____				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
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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				-----									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Auburn St

106 Auburn 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:

On Tuesday, February 15th, 2022 at approximately 1908 hours the operator of Vehicle 1 was travelling Westbound on Auburn St when it crossed over the center double yellow lines, crossed the opposing lane of traffic, and went off the roadway before crashing through the vinyl privacy fence at #106 Auburn St. Vehicle 1 came to rest after colliding with the North-East corner of the residence. The operator of Vehicle 1 then attempted to reverse away from the crash and backed into and destroying more of the residence's privacy fence.

The operator was then confronted by the occupants of the residence, including the homeowner. Fire and EMS arrived on scene and conducted patient care on the operator and formed the opinion that she was intoxicated. I arrived and interviewed the operator who stated that she had previously taken oxycodone. The operator was

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DASILVA, KATHERINE,	106 AUBURN STREET NEWTON,MA	----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
DASILVA, KATHERINE,	106 AUBURN ST NEWTON,MASSACHUSETTS	617-795-1517	97	HOUSE
DASILVA, KATHERINE,	106 AUBURN ST NEWTON,MASSACHUSETTS	617-795-1517	97	FENCE

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

WHITNEY HYDE NEWTON POLICE DEPARTM 02/15/2022

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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:

then transported to Newton Wellesley Hospital. The vehicle was towed from the scene by Tody's.

The operator was charged with the following violations:

C90ss24 OUI- Drugs

C90ss24 Neg Op

C89ss4A Marked Lanes

An incident report was completed for this crash (See Report #22005833).

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

WHITNEY HYDE

NEWTON POLICE DEPART

02/15/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date