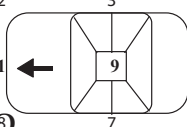
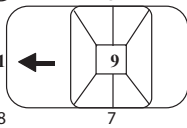


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/03/2022	Time of Crash 10:10 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
<div><div><div>SOUTH</div><div>CENTRE ST</div></div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>CENTRE AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000200					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator WICKRAMARATNE NADISHA NADISHA Address 16 KENMAR DRIVE (apt. 130) City BILLERICA State MA Zip 02181 Insurance Company COMMERCE			Reg # 8PC443 Reg Type PAS Reg State MA Veh Year 2017 Veh Make NISSAN Veh Config. 1 20 Owner WICKRAMARATNE ROHAN Address 7R FOSS AVE City SAUGUS State MA Zip 01906 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 									
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled									
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			Operator See Above --- 1 4 99 0 0 10 1 NONE									
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 MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator RAMIREZ-ASENCIO YOVANNY Address 14 SAINT CASMIR ST City BOSTON State MA Zip 02127 Insurance Company GOVT EMPLOYEE			Reg # 1LZG99 Reg Type PAS Reg State MA Veh Year 2008 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 99 24 Underride/Override 25 Towed N 									
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 11 Totaled									
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			Operator/Non-Motorist See Above --- 1 4 99 0 0 10 1 NONE									

→ 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:

THE OPERATOR OF MV 1 STATED SHE WAS IN THE PROPER LANE ON CENTRE AVE (RIGHT LANE) MERGING ONTO CENTRE ST WHEN MV 2 (WHO WAS IN THE MIDDLE LANE OF CENTRE AVE) ALSO TRIED TO TURN ONTO CENTRE ST, BUT BECAUSE MV 2 WAS IN THE WRONG LANE, MV 2 SIDESWIPE HER ON THE DRIVERS FRONT SIDE. MINOR DAMAGE SUSTAINED TO MV 1 AND NO INJURIES WERE REPORTED.

THE OPERATOR OF MV 2 DID NOT SPEAK ENGLISH (ONLY SPANISH SPEAKING), HOWEVER HER SIDE OF THE STORY WAS EXPLAINED TO ME THROUGH HER DAUGHTER WHO WAS USED AN INTERPRETER. SHE STATED THAT SHE WAS IN FRONT OF MV 1 MERGING ONTO CENTRE ST FROM CENTRE AVE, WHEN MV 1 CAME FROM BEHIND HER AND TRIED TO PASS HER ILLEGALLY ON HER RIGHT HAND SIDE CAUSING THE COLLISION. MINOR DAMAGE TO THE PASSENGER FRONT SIDE AND NO INJURIES WERE REPORTED.

(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

MATTHEW W COLELLA **NEWTON POLICE DEPT** **03/03/2022**

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

CDP1 11 -24:00

