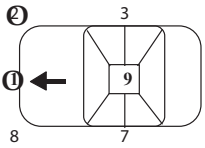
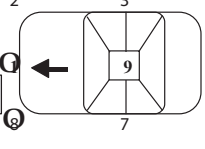


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/20/2022	Time of Crash 12:44 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:				
1 Route# Direction Name of Roadway/Street At			2 WEST 399 WASHINGTON Route# Direction Address # Name of Roadway/Street								
2 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			10 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number								
3 Route# Direction Name of Intersecting Roadway/Street			11 Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street								
5 Route# Direction Name of Intersecting Roadway/Street			5 Landmark								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000237		
License # --- St MA DOB/Age ---			Reg # 249W60			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2018			Veh Make SUBA			Veh Config. 1 20		
Operator VARRIALE ASHLEY E			Owner (Same as operator)								
Address 4 POPLAR STREET			Address								
City FRAMINGHAM State MA Zip 01701			City			State			Zip		
Insurance Company THE COMMERCE INSURANCE COMPANY			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22						10 Undercarriage 11 Totaled		
Citation # (If Issued)			Most Harmful Event 1 23								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24								
Violation 3: Ch _____ 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		Medical Facility	
Operator			See Above			-----		---			
VARRIALE, SARAH			4 POPLAR ST FRAMINGHAM, MA 01701			-----		F			
7 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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										1	
License # --- St MA DOB/Age ---			Reg # 9PC877			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2007			Veh Make TOYOTA			Veh Config. 20		
Operator PIRVELI SHOTA			Owner (Same as operator)								
Address 22 HUNNENWELL AVE			Address								
City BRIGHTON State MA Zip 02135			City			State			Zip		
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22						10 Undercarriage 11 Totaled		
Citation # (If Issued) 144588			Most Harmful Event 1 23								
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 9 24 24								
Violation 3: Ch _____ 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		Medical Facility	
Operator/Non-Motorist			See Above			-----		---			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WASHINGTON ST

HOVEY ST

MV1

MV2

P.O.I.

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:

On 03/20/222, I responded to Washington Street @ Hovey St for a 2 car MV accident. Upon arrival I spoke with the operator of MV 1, who stated that she was on the left lane on Washington St waiting to turn left onto Hovey street. She stated that the oncoming vehicles stopped for her to turn left on Hovey St when MV2 swerved around the vehicles and crashed into her causing major damage to the center front and right side of the MV. The operator of MV1 stated that she had a dash cam that caught the whole accident on video and they she would provide the video so I can view it.

I then spoke to the operator of MV2, who stated that he was driving in far right lane Westbound on Washington St when the operator of MV1 turned left and hit him causing major damage to the center front and left side of the vehicle. He stated that he had the right of way and that there were no cars in front him which is why he

(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

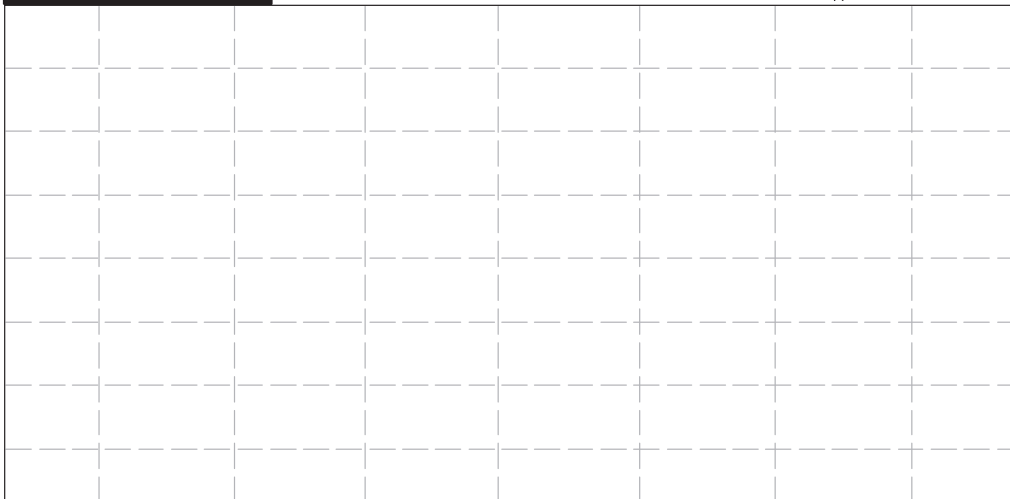
Hazmat Information:

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:

continued driving straight. He also stated that he did nothing wrong and that he was following the speed limit.

The operator of MV1 was able to send the dash cam footage from the accident. Based on my observations the video was consistent with the statement that operator of MV1 gave. In the video it is clear that MV1 had the right of way to make the left turn onto Hovey St. The operator of MV2 was mailed Mass Uniform Citation T1445888 fir M.G.L 89 4A Marked Lanes violation. I am mailing the citation due to the fact the that operator of MV2 had left the scene already.

Medics arrived on scene and a patient refusal was signed. Todys arrived on scene and took possession of both motor vehicles.

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

ELMER ACUNA

NEWTON POLICE DEPARTM

03/20/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date