

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/15/2022		Time of Crash 03:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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	
NORTH CENTRE ST												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
WEST SARGENT ST				Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11	
Also at Intersection with				Route# Intersecting Roadway/Street								6	
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000402							
License # --- St NY DOB/Age ---				Reg # 2ZJZ71 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013 Veh Make NISSAN Veh Config. 1 20									
Operator DEOLIVERA FABIO F				Owner FAUZA JULIANA R								12	
Address 20 ARMINTON STREET (apt. 16)				Address 20 ARMINGTON STREET									
City ALLSTON State MA Zip 02134				City ALLSTON State MA Zip 02134									
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 30 22 22 22 22				10 Undercarriage					
Citation # (If Issued) 22079517				Most Harmful Event 30 23				5 11 Totaled					
Violation 1: Ch 90/24 Sec Violation 2: Ch _____ Sec _____				Driver Contributing Code 15 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				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				30	
Operator See Above				1 4 4 0 0 10 1									
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 97 Action 15 97 Location 16 5 Condition 17 1 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St --- DOB/Age ---				Reg # --- Reg Type --- Reg State ---									
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year --- Veh Make --- Veh Config. 20									
Operator BIBUL DOUGLAS J				Owner ---									
Address 717 CENTER STREET				Address ---									
City NEWTON State MA Zip 02458				City --- State --- Zip ---									
Insurance Company ---				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? ---				Event Sequence 22 22 22 22				10 Undercarriage					
Citation # (If Issued) ---				Most Harmful Event 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed ---									
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				10 1									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street

717

Cabot Street

Sargent Street

MV#1

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:

-MV#1 was traveling north when OpMv#1 drove off the roadway and onto the exterior wall of 717 Centre Street. OpMv#1 then left the scene.

-Wit#1 stated he heard the crash, he came outside his house and he discovered Mv#1 on the wall surrounding the property. He next stated that OpMv#1 told him that he fell asleep behind the wheel. He stated the OpMv#1 called someone to make arrangements to be picked up. He stated a few minutes later he observed OpMv#1 get into an SUV, leaving the scene and the vehicle mounted on the wall without leaving any information.

-OpMv#1 came to the station later that morning and stated he was in an argument with his girlfriend and went for a drive. He stated he had worked all day, fell asleep behind the wheel, got scared, so, he left the scene of the collision and the vehicle behind.

(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

DAVID A. CALDERON NEWTON POLICE DEPT 05/15/2022

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

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

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:

-Upon my arrival on the scene I observed Mv#1 off the roadway, over the sidewalk and mounted on the property wall outside of 717 Centre Street. I conducted an inspection of the vehicle and I observed the vehicle was unlocked, there were no passengers in the vehicle, the registration was on the passenger seat and I did not observe any damage to the ignition which may indicate to the car being stolen. After the vehicle was removed by Tody's Towing, I observed the stones on the wall had been shifted and many stone broken off from the cement. I took pictures of the damages to both Mv#1 and the adjacent property.

-Mv#1 was towed from the scene by Tody's and OpMv#1 was cited and will be summonsed to court for Leaving the Scene of Property Damage.

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Property Damage:

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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

DAVID A. CALDERON

NEWTON POLICE DEPT.

05/15/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date