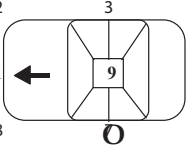
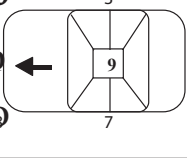


Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts						RMV Document Number							
Date of Crash 05/26/2022	Time of Crash 14:05 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:							
												9			
Route# Direction Name of Roadway/Street At				EAST 2370 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker or Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark								2 10 11 3			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number		22000454						12 1	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator BURRION GERBER G Endorsment Address 75 GEORGETOWN DR (apt. 8) City FRAMINGHAM State MA Zip 01702 Insurance Company ALLSTATE INSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T1447997 Violation 1: Ch 90/24 Sec Violation 2: Ch 90/24 Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 615WD2 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20 Owner BURRION BLANCA E Address 108 (apt. 2) HARVARD ST City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed Y 								13 1			
Please fill out for operator and all occupants involved												13 1			
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		---	---	---	99	5	99	0	0	99	2	NEWTON-WELLESLEY H	
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 M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator SMITH MICHAEL M Endorsment Address 43 KENSINGTON WAY City TEWKSBURY State MA Zip 01876 Insurance Company ARBELLA MUTUAL INSURANCE 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 # 2EXD23 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 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 Y 								13 1			
Please fill out for operator and all occupants involved												13 1			
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		---	---	---	99	4	99	0	0	99	2	NEWTON-WELLESLEY H	

→ 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:

Operator of MV#1 stated he was being chased by Operator #2 from Rt. 95 N onto Rt. 30 (Commonwealth Ave). According to Operator #1 both vehicles exited 95N and proceeded eastbound on Commonwealth Ave. towards Auburn St. Operator of MV#2 stated MV#1 pulled in front of his vehicle, traveled a few yards before abruptly attempting to turn left into the westbound lane of Commonwealth Ave. This abrupt turn caused MV#2 turn collide into rear side of MV#1. Damage to both vehicles consistent with operator of MV#2's statement. Operator of MV#1 stated he was "trying to pick up his mother" from work, so he attempted to turn left into the westbound lane of Commonwealth Ave.

Both operators were transported to Newton-Wellesley Hospital for evaluations. Tody's towed both vehicles from the scene.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SILVA, CATHERINE,	615 (apt 44) MAIN ST AMHERST, MA 01002	-----	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

DANIEL SOHN **NEWTON POLICE DEPT** **05/26/2022**

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:

Witness to collision confirms statement made by operator #2, indicating operator of MV#1's attempted left turn caused collision. Further statement by witness contradicts operator #1's statements of being chased as she witnessed MV#1 in front of MV#2.

Additional investigation by officers led operator of MV#1 being cited for Operating Under Influence of Liquor (Mgl. Ch. 90 Sec. 24J) and Negligent Operation of a Motor Vehicle (Mgl. Ch. 90. Sec. 24E).

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

DANIEL SOHN

NEWTON POLICE DEPART

05/26/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date