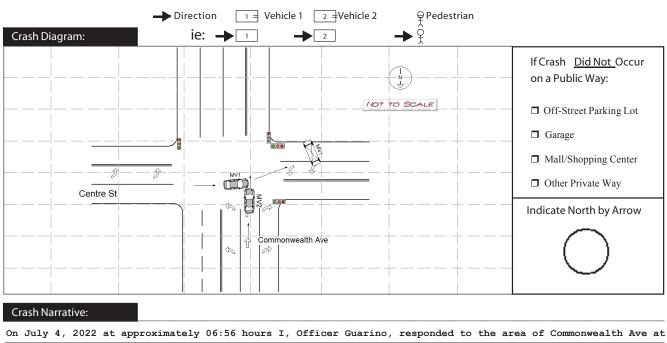
	Poli	ice Use Only		Comm	onweal	th o	f Mass	ach	use	etts			RM	V Doc	umen	it Number	
	Date of Crash 07/04/2022	Time of Crash 06:55	City/1	Town I			icle Cra	ish		mber nicles	Numl		eed Lim		SL	tate Police ocal Police IBTA Police	N Xi
	07/0-4/2022	24HR					Report		2		0		ngitude_			ther:	
		AT INTER	RSECTION		< L(OCAT	ION	>			NC	T AT	INT	ERS	ECT	ION:	_ 2
	SOU	TH CENTR	E ST														
$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$	Route# Direct	tion	Name	of Roadway/Street At		R	Route# Directi	on A	ddres	s #		N	ame of I	Roadw	ay/Stre	eet	2
	EAST	г СОММ	ONWEALTH A			-	Feet	N S I	E W	of –		 Marker	• —	or		xit Number	. -
	Route# Direc	etion N		ing Roadway/Street	:	= -	Feet	N S F	Elw a	of	IVIIIe	Marker			Е	XII Number	\dashv
2	1		Also at Int	ersection with		-			_		Rout	#	Intersec	ting R	oadwa	y/Street	3 ¹
1	Route# Direct	tion	Name of Inter	secting Roadway/Str	reet	Feet N S E W of									_ 3		
3	[V] 17.12.1.1	1 #0			.								La	namari	X.		┪
	Vehicle1	1_#Occupants	Hit/Ru		Case Nu	ımber			220005	597							4
	License#	18 1	St 1	MA DOB/Age			3F21287					ype_PA			eg Stat	20	
	Sex_M_ Lic. 0	Class 99	Lic. Restricti	ons 1 CDI	orsment	Veh Ye	ar_2005	V	eh Ma	ke_TO	YOTA			Veh	Config	g. 1	
⁴ ₃	Operator BEZ		LUYMAR		ddle	Owner _.	(Same as ope	erator)			First			Mic	ldle		· 1
	Address 500 C					Address	S										
	City REVERE			State MA Zip 02	151	City											
[5	1	pany DAIRYLA				Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)									e)		
5 1		Direction: N		sponding to Emerg	ency? N	Event S	Sequence 1		3	22	22			$\overline{}$	4	10 Undercarri	
	,	ssued) T1447651				Most H	armful Event	1		4	24	—	9	$\left(\ \ \right)$	5	11 Totaled	age
⁶ 1	1			on 2: ChSec			Contributing C		3				V 7	<u> </u>)		
1				on 4: ChSec_		Underri	ide/Override	1		Towed	<u>Y</u>		20 31	32	33	1	1
	Please fill out for operator and all occupants involved Name (Last First Middle) Address				dress		Age/DOB	Sex	Seat Pos.	27 Safety A System	28 Airbag Ai Status Sv	29 Eje ritch Co	30 31 Fort Trap de Code	32 Injury Status	33 Transp. Code	Medical Facilit	1 1
	Operator			See A	bove					1	4 9	9 0	0	10	1	NONE	
⁷ 2	Please Select C of the Followin		2 <u>2</u> #Occupa	nts Non-Mot	corist A Type	14	Action	15 Lo	cation	1	6 Cor	dition	17		Hit/Ru	un Mope	ed
	License#		St _ ^I			Reg # 8KH427 Reg Type PAN						Reg State MA					
	Sex_F Lic. 0	Class D 18 1	Lic. Restricti			Veh Year 2018 Veh Make HONDA Veh Config					fig. 20						
8 1	Operator MO	RRIS-KELLY	ANNIKA First		orsment	Owner .	MORRIS	at .	R	UTH	First			Mic	Idla		
1	Address 15 SH	HERIDAN ST	Flist	WII		Address 15 SHERIDAN ST											
	City NEWTO	N		State MA Zip 02	465	City W NEWTON State MA Zip 02465											
	Insurance Com	pany THE COM	MERCE INS			Vehicle	Action Prior t	o Crasl	n [1 21		Damag	ged Area	Code	(Circ	le Up to Thre	e)
	Vehicle Travel Direction: NSWW Responding to Emergency? N Citation # (If Issued)					Event Sequence 1 22 22 22 22 22 22 22 20 3 4 10 Undercarriage 5 11 Totaled											
													age				
	Violation 1: ChSec Violation 2: ChSec Violation 3: ChSec Violation 4: ChSec						Driver Contributing Code 1 24 24										
							Underride/Override 25 Towed Y 6										
	Plo Name (Last Fi		operator and a	ll occupants invo	lved		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 Airbag Ai Status S	29 3 rbag Eje witch Co	ode Code	32 Injury Status	33 Transp. Code	Medical Facili	ty
		Non-Motorist		See A								9 0	0	10	1	NONE	
	MORRIS-KEL	LY, ELENA, C		5 SHERIDAN ST IEWTON, MA 0246	5			F	4	1	1 9	9 0	0	10	1	NONE	
																	-



On July 4, 2022 at approximately 06:56 hours I, Officer Guarino, responded to the area of Commonwealth Ave at Centre St for a report of a motor vehicle crash.

Upon arrival, I observed the fire and medics on scene with a two vehicle motor vehicle crash, one of which
was a rollover. MV1 was on the roof of its car in the northbound lane of Centre St. MV2 was in the Eastbound
Lane of Commonwealth Ave.

I spoke with the operator of MV2, Annika Morris-Kelly who told me that she was traveling Eastbound on

Commonwealth Ave when she stopped at the red light. The light turned green and she began to go, as she

proceeded, she noticed MV1 traveling southbound on Centre St and tried to stop but crashed into MV1.

I spoke with the operator of MV1, Luymar Bezerra, who said that he was traveling southbound on Centre St and

(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 Vehic	ele Section)		35
Carrier Name				Carrier Issui	ng Authority Code
Address		City		St	Zip
US DOT #:	State Number	Issuing State	ICC #:_		_ Interstate 36
Cargo Body Type Code 37 Gross	ss Vehicle Weight 38			39	
Trailer Reg #:	Reg Type Reg State	Reg Year	Tr	ailer Length	

Hazmat information:				
Placard 40 Material 1 digit #	Material Name	Material 4 digit #	Release code	42

-	→ Direction	1 = Vehic	:le 1 _ 2	_=Vehicle 2	₽Pedestri	an	
Crash Diagram:	ie: →[1	2		→Ŷ		
							n <u>Did Not</u> Occur ublic Way:
		_					Street Parking Lot
						☐ Gara	
		_		+			
		_					l/Shopping Center
		_					er Private Way
						Indicate	North by Arrow
		_					\cap \perp
		_	+				\bigcirc \Box
Crash Narrative:							
did not see the traffic s	ignals due to	the tree	es on t	he side of	the road and	d continued throu	gh the
intersection causing the							
I asked Luymar for his li	_ _						
his vehicle. Luymar said							
within the United States.	He said that	he had a	a Portu	gese driver	's license a	and has been in t	he country for
less than a year. I was unable to confirm t	his informatio	on and is	sened a	criminal o	omplain aga:	nst Luymar Bozo	rra on MA Uniform
Citation T1447651 for MGL							
who said that he understo				01 4 110001	venicie. i e	explained the Clo	
	on next page)						
Witnesses:							
Name (Last, First, Middle)		Addres	SS			Phone #	Statement
David David							
Property Damage: Owner (Last, First, Middle)	Address			Phone #	34-Type	Description of Damaged	Property
					,		. ,
T 1 10 16 **							
Truck and Bus Information: Carrier Name	Registration #				Vehicle Section)	Carrier Issuing	Authority Code 35
Address				City		St	Zip
US DOT #:							Interstate 36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38					
Trailer Reg #:		Reg	State	Reg Yea	r Tra	iler Length	
Hazmat Information:			,				
Placard 40 Material 1 digit	# 41 Material	Name			Material 4 d	igit # R	elease code 42
CHARLES P GUARINO			38802		EWTON POLICE DEPARTM		07/04/2022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)

•	Direction	1 Vehicle	1 2 = Vehicle 2	₹Pedest	rian		
Crash Diagram:	ie: →□	1 -	2	→ ♀			
Crash Diagram: Crash Narrative: All partied involved were				refusal. Both		If Crash Did Not Con a Public Way: Off-Street Parking Garage Mall/Shopping Co Other Private Way ndicate North by A	g Lot enter rrow
	seen by medic	s and sign	ned a patient	refusal. Both	vehicles we	ere towed from	the
scene by Todys.							
Witnesses:		Address			Dl		C+-+
Name (Last, First, Middle)		Address			Pho	one #	Statement
Property Damage:					1		
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of D	amaged Property	
Truck and Bus Information:	Registration # _		(Fi	om Vehicle Section)			
Carrier Name					Carrier	Issuing Authority Cod	35 le
Address			City		C+	Zip	
Address							36
US DOT #:	State Number		Issuing Sta	te ICC #:_		Interstate	
Cargo Body Type Code 37 G	ross Vehicle Weight	38					
Trailer Reg #:	Reg Type	Rag St	ate Pos	Vear T	railer Length	39	
Hazmat Information:	Reg Type	Keg St	inc Reg	ı (aı II	unci Deligui		
40	<u> </u>						42
Placard Material 1 digi	t # Material	Name		Material 4	digit #	Release code	72
CHARLES P GUARINO			38802	NEWTON POLICE DEPART	TA.	07/04/20	022

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)