

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 07/04/2022	Time of Crash 06:55 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:							
SOUTH CENTRE ST Route# Direction Name of Roadway/Street At EAST COMMONWEALTH AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000597					
License # --- St MA DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____ Operator BEZERRA LUYMAR Address 500 OCEAN AVE City REVERE State MA Zip 02151 Insurance Company DAIRYLAND INS			Reg # BF21287 Reg Type PAN Reg State CT Veh Year 2005 Veh Make TOYOTA Veh Config. 1 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 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 3 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status 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 2 #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 1 19 CDL _____ Operator MORRIS-KELLY ANNIKA Address 15 SHERIDAN ST City NEWTON State MA Zip 02465 Insurance Company THE COMMERCE INS			Reg # 8KH427 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner MORRIS RUTH Address 15 SHERIDAN ST City W NEWTON State MA Zip 02465 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
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MORRIS-KELLY, ELENA, C			15 SHERIDAN ST NEWTON, MA 02465									

→ 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:**

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

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**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

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

#### Crash Diagram:



If Crash Did Not Occur  
on a Public Way:

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- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



#### Crash Narrative:

did not see the traffic signals due to the trees on the side of the road and continued through the intersection causing the crash.

I asked Luymar for his license and registration. He provided me with a passport and a CT registration for his vehicle. Luymar said that he did not have a license on his possession and did not have a valid license within the United States. He said that he had a Portugese driver's license and has been in the country for less than a year.

I was unable to confirm this information and issued a criminal complain against Luymar Bezerra on MA Uniform Citation T1447651 for MGL 90/10 Unlicensed Operation of a motor vehicle. I explained the citation to Bezerra, who said that he understood.

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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

CHARLES P GUARINO

38802

NEWTON POLICE DEPART

07/04/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

→ C

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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CDP1 11 -24:00