

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/14/2022		Time of Crash 14:35 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:							
Route# Direction Name of Roadway/Street At				NORTH 1082 CENTRE ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____				Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____				Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000632									
License # --- St MA DOB/Age ---				Reg # 8TL115 Reg Type PAN Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment							
Operator LIMA MARTE MARIA				Veh Year 2009 Veh Make NISSAN Veh Config. 1 20				Owner (Same as operator)							
Address 38 PORTLAND STREET (apt. 2)				Address				City HAVERHILL State MA Zip 01830							
Insurance Company COMMERCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage							
Citation # (If Issued) N/A				Most Harmful Event 1 23				11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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				Operator See Above --- --- 1 4 99 0 0 10 1 N/A				1							
DIAZ LIMA, ADIANEL 171 RESERVOIR AVENUE (apt 3) PROVIDENCE, MA 02907 --- F 3 1 4 99 0 0 10 1 N/A															
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 ---				Reg # 1WCL95 Reg Type PAN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment							
Operator ROTH TRAVIS				Veh Year 2019 Veh Make SUBARU Veh Config. 2 20				Owner (Same as operator)							
Address 100 SUMMER STREET (apt. 2-3)				Address				City WATERTOWN State MA Zip 02472							
Insurance Company GOVERNMENT EMPLOYEES				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				10 Undercarriage							
Citation # (If Issued) N/A				Most Harmful Event 1 23				11 Totaled							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 20 24 19 24				Underride/Override 25 Towed N							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				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				Operator/Non-Motorist See Above --- --- 1 4 99 0 0 10 1 N/A				1							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Street

Unit 1

Unit 2

1082 Centre Street

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 Thursday, July 14, 2022, while assigned to unit N497, I responded to a 2 car MVA in front of 1082 Centre Street, Newton. Centre Street is a public way maintained by the City of Newton. The weather at the time of the crash was clear and sunny. The road surface was dry.

The operator of MV1, Ms. Maria Lima Marte (S26852151) stated she was operating her 2009 Nissan Versa (MA: 8TL115) on Centre Street (N) towards Commonwealth Avenue. Ms. Lima Marte stated traffic was stopped at a red light when MV2 crashed into the rear of her vehicle. I observed damage to the rear bumper of MV1. Ms. Lima Marte and her passenger, Ms. Adianel Diaz Lima reported no injuries.

The operator of MV2, Mr. Travis Roth (SA4230808) stated he was operating his 2019 Subaru Crosstrek (MA: 1WCL95) on Centre Street (N) towards Commonwealth Avenue. Mr. Roth stated 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

MICHAEL R GAUDET

NEWTON POLICE DEPT

07/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

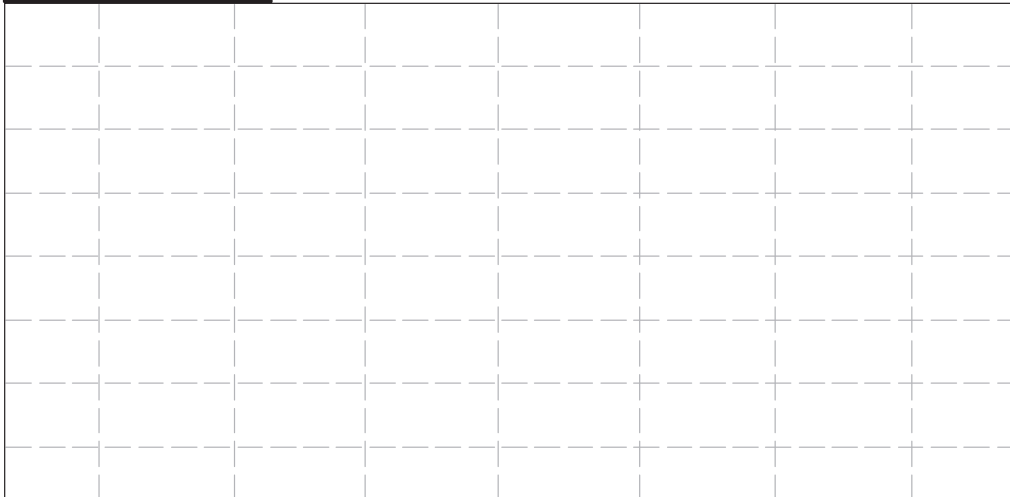
Precinct/Barracks

Date

→ 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:

wasn't paying attention to the roadway and was focusing on the GPS in his vehicle. Mr. Roth stated the front end of his vehicle crashed into the rear of MV1. I observed damage to the front bumper area of MV2. Mr. Roth reported no injuries.

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

MICHAEL R GAUDET

NEWTON POLICE DEPART

07/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date