

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/04/2019	Time of Crash 10:51 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 30 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 54 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000015		
License # --- St MA DOB/Age ---			Reg # T41692 Reg Type CON Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2015 Veh Make INTL Veh Config. 6 20		
Operator GOMES-ROLAND FREDERIC Last First Middle			Owner HOLDINGS LLC EAN Last First Middle			Address 15 DOVER ST			Address 14002 EAST 21ST ST		
City BROCKTON State MA Zip 02301			City TULSA State OK Zip 4134			Insurance Company SAFECO INS			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) _____			Most Harmful Event 1 23		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N		
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			13 1		
Operator See Above			---			---			---		
DE CARVALHO, ADISON			1245 SMITH ST PROVIDENCE, RI 02908			---			---		
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 # S71645 Reg Type CON Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____			Veh Year 2016 Veh Make FORD Veh Config. 2 20		
Operator BELLOMO CHARLES G Last First Middle			Owner CORP OF BOSTON KAMCO SUPPLY Last First Middle			Address 171 CENTRAL AVE			Address 181 NEW BOSTON ST		
City NEEDHAM State MA Zip 02494			City WOBURN State MA Zip 01801			Insurance Company ZURICH INS.			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) _____			Most Harmful Event 1 23		
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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			13 1		
Operator/Non-Motorist See Above			---			---			---		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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 01/04/19 I responded outside of #54 Needham St for a two vehicle crash. Veh #1 was a delivery box van who was driving due North on Needham St. The operator of veh #1 stated he was attempting to take a left into #55 Needham St. when veh #2 came from behind him on his left and he struck veh #2 as he turned. The operator of veh #1 was taken by Ambulance #1 to Newton-Wellesley Hospital for an evaluation after complaining of pain in his chest area. The passenger of veh #1 stated everything happened "so fast" he didn't see what transpired. Moderate damage to veh #1.

The operator of veh #2 stated he was traveling due North on Needham St. and was behind veh #1 for a long stretch of the road. The operator of veh #2 stated veh #1 put his right directional on three different times but didn't turn. He stated veh #1 had his right directional on and was in the right lane when he went to pass

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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

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

**ZACHARY S RAYMOND**      **NEWTON POLICE DEPT**      **01/04/2019**

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

CDP1 11 -24:00

→ 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:**

him. Veh #1 then turned into his rear passenger side as he passed. Moderate damage to veh # 2. The operator of veh #2 stated the operator of veh #1 was walking around and yelling about the accident for a period of time and then eventually grabbed his chest and fell to the ground complaining of pain.

From the result of my investigation it appears as if veh # 1 attempted to turn from the wrong lane and veh # 2 was passing in the "suicide lane", also wrong lane. There will be no citations issued at this time as both operators were given verbal warnings.

**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

ZACHARY S RAYMOND

NEWTON POLICE DEPT

01/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date