

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/04/2019	Time of Crash 11:35 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:					
RACHEL RD										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ or _____							
NORTH WINCHESTER ST			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street							
Also at Intersection with			Landmark							
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000016	
License # --- St MD DOB/Age ---			Reg # 25Y580			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2007			Veh Make DODGE			Veh Config. 2 20	
Operator MARCIO PINHEIRO			Owner SKYVIEW LANDSCA CONSTRUCTION							
Address 14S POTOMOC ST			Address 2 WESTCHESTER RD							
City BALTIMORE State MD Zip 21224			City MILFORD State MA Zip 01747							
Insurance Company UNITED FIN			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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	
Operator See Above			-----			1 4 4 0 0 5 1				
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 XX DOB/Age ---			Reg # 7ZT561			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2004			Veh Make TOYOTA			Veh Config. 2 20	
Operator HUTTER ALEXANDRA			Owner KNOX THOMAS							
Address 127 OTIS ST			Address 127 OTIS ST							
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02460							
Insurance Company BANKERS STANDARD			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 22 24 5 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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	
Operator/Non-Motorist See Above			-----			1 4 4 0 0 5 1				

→ 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:

OPER OF MV#1 STATED THAT HE WAS STOPPED AT THE INTERSECTION OF RACHAEL RD AND WINCHESTER ST (NB) , WHEN MV#2 STRUCK HIS VEHICLE FROM BEHIND .

OPER OF MV#2 STATED THAT SHE WAS TRAVELLING NB ON WINCHESTER ST , AND ATTEMPTED TO STOP WHILE APPROACHING THE INTERSECTION . OPER OF MV#2 STATED THAT SHE THINKS HER BREAKS FAILED CAUSING HER TO COLLIDE WITH MV#1 .

MV#1 SUSTAINED HEAVY REAR DAMAGE AND WAS TOWED .

MV#2 SUSTAINED MINOR FRONT DAMAGE AND WAS TOWED DUE TO POSSIBLE BREAK FAILURE .

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