

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 01/06/2019		Time of Crash 18:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 30 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:				9			
NORTH CENTRE ST Route# Direction Name of Roadway/Street At EAST WASHINGTON ST 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				10		11					
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000026				12			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CABRAL ANDREIA Address 128 BISHOP DR City FRAMINGHAM State MA Zip 01702 Insurance Company STANDARD FIRE INS				Reg # 254TY4 Reg Type PAN Reg State MA Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20 Owner CABRAL JOAO Address 128 BISHOP DR City FRAMINGHAM State MA Zip 01702 Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled		13					
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				1							
Operator				See Above				---				N/A			
CABRAL, JOAO				128 BISHOP DR FRAMINGHAM, MA 01702				M 3 99 4 99 0 0 5 1				N/A			
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 LOWE DEJANNA Address 107 RIDGE LANE (apt. 301) City WALTHAM State MA Zip 02451 Insurance Company ENTERPRISE				Reg # YW754 Reg Type PAN Reg State RI Veh Year 2019 Veh Make HYUN Veh Config. 1 20 Owner ENTERPRISE RENTA Address 45 FRESNO ST City WARWICK State RI Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed Y				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled		13					
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Operator/Non-Motorist				See Above				---				N/A			
WRAY-MILLER, BLAINE				65 FANEUIL ST BRIGHTON, MA 02135				M 3 99 4 99 0 0 5 1				N/A			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

WASHINGTON ST BRIDGE

EXIT 17 OFF RAMP

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 1/6/2019 at approx 1848hrs, while assigned to N-494, I responded to the intersection of Washington St and the Exit 17 off ramp for a 2 car MVA. All parties reported no injuries.

Operator of MV1 stated in Portuguese and interpreted by her husband, that she was past the exit ramp stop sign and was stopped with her left turn signal yielding to incoming traffic. While attempting to merge to her left she was struck from behind by MV2.

Operator of MV2 stated that she was also past the exit ramp stop sign when MV1 suddenly stopped in front of her. She was unable to stop and struck the rear of MV1.

Both vehicles were towed by Tody's Towing.

Towed Motor Vehicle forms completed and submitted.

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

KEVIN DURICKAS NEWTON POLICE DEPART 01/06/2019

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

CDP1 11 -24:00