

Police Use Only						Commonwealth of Massachusetts								RMV Document Number						
Date of Crash 05/20/2019	Time of Crash 16:54		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 1	Speed Limit <u>25</u> 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:										
PUTNAM ST																2				
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										10				
At						Feet N S E W of or Mile Marker Exit Number										2				
WINTHROP ST																				
Route# Direction Name of Intersecting Roadway/Street						Feet N S E W of Route# Intersecting Roadway/Street										11				
Also at Intersection with						Landmark										1				
Route# Direction Name of Intersecting Roadway/Street																				
<input checked="" type="checkbox"/> Vehicle 1 _# Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000512											
License # --- St MA DOB/Age ---						Reg # 54MN41 Reg Type PAN Reg State MA														
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2005 Veh Make BUICK Veh Config. 1 20												12		
Operator DESOUZA ROBERT A Last First Middle						Owner DESOUZA MARY LOU Last First Middle												1		
Address 38 BARBARA						Address 38 BARBARA RD														
City NEWTON State MA Zip 02465						City NEWTON State MA Zip 02465														
Insurance Company ARBELLA						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)														
Vehicle Travel Direction: N X E W Responding to Emergency?						Event Sequence 7 22 22 22 22 2 Most Harmful Event 7 23 Driver Contributing Code 18 24 24 Underride/Override 25 Towed N						10 Undercarriage 5 11 Totalled								
Citation # (If Issued)																				
Violation 1: Ch Sec Violation 2: Ch Sec																				
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility														7						
Operator See Above																				
Please Select One of the Following: <input type="checkbox"/> Vehicle _# Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 2 14 Action 2 15 Location 4 16 Condition 1 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																				
License # --- St --- DOB/Age ---						Reg # --- Reg Type --- Reg State ---														
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment						Veh Year --- Veh Make --- Veh Config. 20														
Operator RUBINO THIAUGO Last First Middle						Owner --- Last First Middle														
Address 14 MAGUE PL						Address ---														
City NEWTON State MA Zip 02465						City --- State --- Zip ---														
Insurance Company ---						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)														
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed ---						10 Undercarriage 5 11 Totalled								
Citation # (If Issued)																				
Violation 1: Ch Sec Violation 2: Ch Sec																				
Violation 3: Ch Sec Violation 4: Ch Sec																				
Please fill out for operator and all occupants involved																				
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/Non-Motorist See Above																				

Police Use Only			Commonwealth of Massachusetts				RMV Document Number		
Date of Crash	Time of Crash	City/Town	<h2 style="text-align: center;">Motor Vehicle Crash Police Report</h2>	Number Vehicles	Number Injured	Speed Limit _____	State Police _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	24HR					Latitude _____	Local Police _____		
						Longitude _____	MBTA Police _____		Other: _____

AT INTERSECTION:			<	LOCATION	>	NOT AT INTERSECTION:				
									9	
Route#	Direction	Name of Roadway/Street				Route#	Direction	Address #	Name of Roadway/Street	10
At						_____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number				
Route#	Direction	Name of Intersecting Roadway/Street				_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street			11	
Also at Intersection with						_____ Feet N S E W of _____ Landmark				
Route#	Direction	Name of Intersecting Roadway/Street								

<input type="checkbox"/> Vehicle #Occupants _____	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____ St _____ DOB/Age _____	Reg # _____ Reg Type _____ Reg State _____	
Sex _____ Lic. Class <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">18 18</div>	Lic. Restrictions <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">19</div>	Veh Year _____ Veh Make _____ Veh Config. <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">20</div>
CDL _____ Endorsment _____		
Operator _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	Owner _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>	
Address _____		
City _____ State _____ Zip _____		
Insurance Company _____		
Vehicle Travel Direction: <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">N S E W</div>	Responding to Emergency? _____	
Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____	Violation 2: Ch _____ Sec _____	
Violation 3: Ch _____ Sec _____	Violation 4: Ch _____ Sec _____	

Event Sequence <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">22 22 22 22</div>	Most Harmful Event <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">23</div>	Damaged Area Code: (Circle Up to Three)
Driver Contributing Code <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">24 24</div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 10px; margin: 10px;"> <div style="position: relative; width: 100px; height: 100px; margin: 0 auto;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black;"></div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; font-weight: bold;">9</div> </div> </div> <div style="margin-left: 10px;"> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div> </div> </div>	
Underride/Override <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">25</div>	Towed _____	

10 Undercarriage
11 Totaled

[illegible]

Please Select One Of the Following:		<input type="checkbox"/> Vehicle # Occupants _____		<input checked="" type="checkbox"/> Non-Motorist A Type _____		<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">14</div> Action		<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">15</div> Location		<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">16</div> Condition		<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">17</div>		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
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License # _____ St _____			DOB/Age <u> </u> <u> </u> <u> </u> <u> </u>			Reg # _____			Reg Type _____			Reg State _____		
Sex <u>M</u>	Lic. Class	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">18</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">18</div>	Lic. Restrictions	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">19</div>	CDL _____	Veh Year _____			Veh Make _____			Veh Config. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">20</div>		
Operator <u>DELANEY</u>		<u>ROWAN</u>		Endorsment _____		Owner _____			_____			_____		
Last		First		Middle		Last			First			Middle		
Address <u>21 SHAW ST</u>														
City <u>NEWTON</u> State <u>MA</u> Zip <u>02465</u>														
Insurance Company _____														
Vehicle Travel Direction: <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">E</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">W</div>				Responding to Emergency? _____										
Citation # (If Issued) _____														
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____														
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														

Vehicle Action Prior to Crash <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">21</div>				Damaged Area Code: (Circle Up to Three)			
Event Sequence <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div>				<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">2</div> <div style="margin-right: 10px;">3</div> <div style="margin-right: 10px;">4</div> </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">10 Undercarriage</div> <div style="margin-right: 10px;">11 Totalled</div> </div>			
Most Harmful Event <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">23</div>							
Driver Contributing Code <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">24</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">24</div>							
Underride/Override <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">25</div>				Towed _____			

[illegible]

→ 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

NOT TO SCALE

Crash Narrative:

On 05/20/2018 at 17:30 hours I was notified by Captain Anastasia of a motor vehicle crash involving car, and an electric scooter. Captain Anastaisa stated that the operator of the scooter was a 12 year old male who had sustained unknown injuries and had been transported to Boston Children's Hospital via ambulance.

Upon my arrival at the crash scene I made the following observations, Putnam and Winthrop streets are public ways in the city of Newton that are two way single lane non divided roadways. The roadway surface was wet from rain earlier in the day. Putnam St runs north to south and Winthrop St runs east to west. There is a stop sign at the end of Winthrop St at Putnam St. I observed MA reg 54MN41 a 2005 Buick LeSabre stopped in the south bound lane of Putnam St approximately 1/2 of the way into the intersection with Winthrop St. I observed approximately three feet of skid marks from the Buick's rear tires. I also observed at the crash

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ESTABIL, JOSE, J	206 WAVERLEY AVE NEWTON, MA 02458	-----	N
FARNSWORTH, LAUREL,	73 PERKINS ST NEWTON, MA 02465	-----	N

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:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

scene a Segway Ninebot electric scooter that was on the ground near the Buick's rear passenger side door with its handlebars detached.

I spoke with the operator of the Buick, Robert DeSouza who stated that on 05/20/2019 at approximately 16:50 hours he was driving south bound on Putnam St at approximately 25 miles per hour. DeSouza stated that he saw a man, later identified as Jose Estabil standing on the east sidewalk of Putnam St facing Winthrop St who was yelling and waving his arms at something on Winthrop St. DeSouza stated he looked to his right towards Winthrop St and his view was obstructed by a row of hedges. DeSouza stated that as he was looking to his right he began to apply his vehicle's brakes when he saw someone coming at me ". DeSouza stated that he heard a crashing noise from the rear passenger's side of his vehicle. DeSouza stated that he stopped his

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
HART, CHARLOTTE,	80 PUTNAM ST NEWTON,MA 02465	-----	N

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:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

vehicle after the crash and saw a boy lying on the ground at the rear passenger side of his vehicle. DeSouza stated that he was not injured in the crash. DeSouza's vehicle had minor damage to its rear passenger side door, and did not require a tow.

Witness Charlotte Hart stated that at approximately 16:30 hours on 05/19/2019 she was driving south bound on Winthrop St. Hart stated that she had to stop short on Putnam St to avoid a crash " with a boy on a scooter that was racing around on Winthrop St. " Hart stated that she told the boy on the scooter that he should not be ridding the scooter in the street.

Witness Jose Estabil stated that he was walking on the east side walk of Putnam St across from Winthrop St. Estabil stated that he saw a boy an electric scooter on Winthrop St approaching Putnam St. Estabil stated

(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 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:

- ☐ Off-Street Parking Lot
- ☐ Garage
- ☐ Mall/Shopping Center
- ☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

that he saw DeSouza's vehicle driving south bound on Putnam St approaching Winthrop St. Estabil stated that the boy on the scooter made no effort to stop, slow or avoid the crash with DeSouza's vehicle.

Witness Laurel Fransworth stated that she was driving north on Putnam St approaching Winthrop St when she saw the crash occur. Farnsworth stated a boy on an electric scooter on Winthrop St crash into the rear passenger side door of DeSouza's vehicle. Fransworth stated that she believed that the row of hedges at the end of Winthrop St obstructed DeSouz's vehicle.

Rowan Delaney (02/27/2007) stated that on 05/20/2019 at approximately 16:00 hours he and his fellow F.A. Day Middle School student Thiaugo Rubino (03/04/2007) were having a race around the area of Winthrop St, Putnam St and Shawn St. Delaney stated that he was on foot running on sidewalks while Rubino was

(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 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

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 an electric Ninebot Segway scooter. Delaney stated that Rubion was not wearing a helmet or any other safety equipment.

I spoke with Delaney's father Royston Delaney, who stated that the scooter was his and that he was unaware that Rubino was using his scooter, and that he has never seen him ridding it before. Royston Delaney stated that the scooter is battery powered and has a maximum speed of 19 MPH. Royston Delaney stated that his son told him that only Rubino was ridding the scooter.

Rubino was transported via ambulance to Boston Children's Hospital. On 05/20/2019 Rubino underwent surgery for a brain bleed. I spoke with Rubino's mother Sonia Rubino who stated that as of 05/21/2019 her son was under observation and in addition to the brain surgery her son had a broken arm, broken leg and a broken

(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:

Truck and Bus Information:		Registration # _____ (From Vehicle Section)	
Carrier Name _____		Carrier Issuing Authority Code	<div>35</div>
Address _____		City _____	St _____ Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____		Reg Type _____	Reg State _____ Reg Year _____ Trailer Length <div>39</div>
Hazmat Information:			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>

→ 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:

back.

Based upon witnessed statements and my observations of the crash area I believe that Rubion was at fault for the cause of this crash.

Myself and Officer Helms took photos of the crash area and the disks were turned over to the NPD's IT bureau for downloading.

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