

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/10/2019	Time of Crash 11:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 2	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 1314 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000824	
License # _____ St MA DOB/Age _____			Reg # 469CY6			Reg Type PAN			Reg State MA	
Sex M Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2014			Veh Make FORD			Veh Config. <u>1</u> <u>20</u>	
Operator POVILAITIS VITAS C			Owner (Same as operator)							
Address 1080 MAIN ST			Address _____							
City WALTHAM State MA Zip 02451			City _____ State _____ Zip _____							
Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			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 <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			1 9			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> 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				
Operator See Above			99 4 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St XX DOB/Age _____			Reg # S14741			Reg Type CON			Reg State MA	
Sex M Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2019			Veh Make TOYOTA			Veh Config. <u>2</u> <u>20</u>	
Operator MALAQUIAS FREIRE DEMERCINO			Owner (Same as operator)							
Address 44 GREEN ST			Address _____							
City WOBURN State MA Zip 01801			City _____ State _____ Zip _____							
Insurance Company OHIO SECURITY INS			Vehicle Action Prior to Crash <u>2</u> <u>21</u>			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 <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage	
Citation # (If Issued) T1268350			Most Harmful Event <u>1</u> <u>23</u>			1 9			5 11 Totaled	
Violation 1: Ch <u>90/10/A</u> Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> 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				
Operator/Non-Motorist See Above			99 4 3 0 0 9 1							

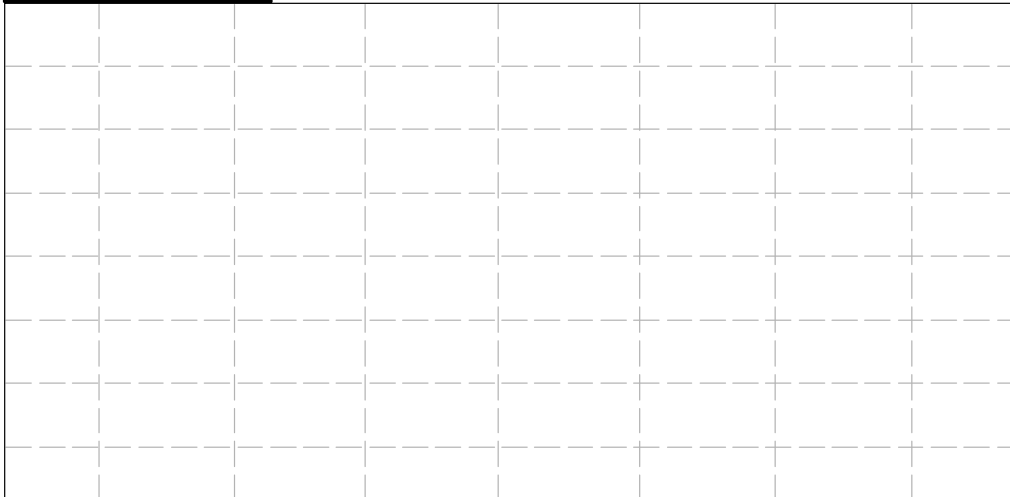
Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/10/2019	Time of Crash 11:12 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 2	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			Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 3 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000824		
License # --- St MA DOB/Age ---			Reg # 88AA54 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions J 19 CDL ---			Veh Year 2003 Veh Make HONDA Veh Config. 2 20								
Operator BROWN WILLIAM			Owner (Same as operator)								
Address 16 CHESLEY RD			Address								
City NEWTON State MA Zip 02459			City State Zip								
Insurance Company GEICO GENERAL INS			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			10 Undercarriage					
Citation # (If Issued) T1268351			Most Harmful Event 1 23			5 11 Totaled					
Violation 1: Ch 19/71 Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24								
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			99 1 4 0 0 8 1								
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 DOB/Age ---			Reg # Reg Type Reg State								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year Veh Make Veh Config. 20								
Operator ---			Owner ---								
Address			Address								
City State Zip			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			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed								
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			99 1 4 0 0 8 1								

→ 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:

both of his thumbs were hurting from the airbag deployment. He was evaluated by Newton Paramedics and refused medical attention.

The operator of MV#2 does not have a driver's license and only provided a Brazilian passport. He was issued in hand MA uniform citation #T1268350 for violation of c90 s10 unlicensed operation. A licensed operator (MA license #S48386590) took possession of MV#2 and transported the operator of MV#2 back to his home.

Based on the statements made to me I issued in hand to the operator of MV#3 MA uniform citation #T1268351 for violation of C.O 19-71 following too closely. MV#3 was towed by AAA towing and the operator of MV#3 was transported home by his parents.

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

GITA K SETIABUDI

25111

NEWTON POLICE DEPART

08/10/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date