

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/18/2019		Time of Crash 20:58 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:							
Route# _____ Direction _____ Name of Roadway/Street _____ At _____						NORTH 285 LEXINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____						2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____						____ Feet [N][X][E][W] of _____ ORRIS ST Route# _____ Intersecting Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Landmark _____						2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11 3			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000847									
License # _____ St MA DOB/Age _____ Sex M Lic. Class [D] [18] [M] [18] Lic. Restrictions [1] [19] CDL P Operator GORMAN DAVID J Address 513 HIGH ST City CLINTON State MA Zip 01510 Insurance Company ARBELLA						Reg # 6TL761 Reg Type PAN Reg State MA Veh Year 2017 Veh Make MAZDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled						12 1			
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____ 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 1			
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 See Above						----- --- 1 4 99 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 5 #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 M Lic. Class [D] [18] [M] [18] Lic. Restrictions [1] [19] CDL _____ Operator DASILVA RENTO RIBEIRO Address 15 NAVENS LANE (apt. 15) City WALTHAM State MA Zip 02453 Insurance Company PROGRESSIVE						Reg # 6VS151 Reg Type PAN Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. 2 20 Owner ANTARTICORIBEIRO CLAUDINEIA Address 15 NAVIENS LANE City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 9 21 Event Sequence 42 22 1 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 10 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled						13 1			
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____ Citation # (If Issued) T1441759 Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/24/J Sec _____ Violation 3: Ch 89/4A Sec _____ Violation 4: Ch _____ Sec _____															
Please fill out for operator and all occupants involved												13 1			
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						----- --- 99 4 4 0 0 10 1									
ANTARTICORIBEIRO, CLAUDINEIA 15 NAVIENS LANE WALTHAM, MA 02453						--- --- F 11 99 4 4 0 0 10 1									
ANTARTICORIBEIRO, KAIO 15 NAVENS LANE WALTHAM, MA 02453						--- --- M 6 1 4 4 0 0 10 1									
ANTARTICORIBEIRO, RENATA 15 NAVENS LANE WALTHAM, MA 02453						--- --- F 9 1 4 4 0 0 10 1									



→ 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:**

MV1 operator, David Gorman (2017 Mazda Cx3, MA Reg:6TL761), stated that he was traveling from Commonwealth Ave turning right on Lexington St heading NORTH when he realized the vehicle behind him was following him very closely. MV1 continued to drive on Lexington St when MV2 (2015 Toyota Highlander, MA Reg: 6VS151), started to beep at him continuously and went over the double yellow line in an attempt to pass MV1. MV2 was unable to pass MV1 because of oncoming traffic so MV2 steered to get back into his lane. MV2 collided with MV1 in the area of 281 Lexington St.

A witness, John Maclellan (off-duty police officer Watertown) who was in the area of Lexington St and Orris St. stated that he heard a vehicle beeping repeatedly and then heard a collision. Maclellan came outside to find MV2 over the double yellow lines facing oncoming traffic. MV2 had damage to its passenger

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
MACLELLAN, JOHN,	552 MAIN STREET WATERTOWN, MA 02472	-----	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

ALEX N KANE	38800	NEWTON POLICE DEPART	08/18/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

