

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 10/14/2019		Time of Crash 14:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 2	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	
SOUTH LOWELL AVE												2	
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10	
At				Feet N S E W of _____ or _____									
EAST OTIS ST													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____								11	
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street								3	
				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001044					
License # _____ St _____ DOB/Age _____				Reg # 7RZ191				Reg Type PAN		Reg State MA			
Sex F Lic. Class 99 18 18 Lic. Restrictions J 19 CDL _____				Veh Year 2016				Veh Make HYUNDAI		Veh Config. 1 20			
Operator PEREIRA EDIANE				Owner (Same as operator)								12	
Address 36 PIERCE RD				Address _____									
City WATERTOWN State MA Zip 02472				City _____ State _____ Zip _____									
Insurance Company GOVT EMPLOYEES				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) T1444069				Most Harmful Event 1 23				1 9		5 1 Totaled			
Violation 1: Ch 90/104 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												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												1	
Operator See Above				1 3 99 0 0 8 1						NONE			
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 MA DOB/Age _____				Reg # 6SD726				Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015				Veh Make SUBARU		Veh Config. 1 20			
Operator COHEN AARON J				Owner (Same as operator)									
Address 9 KEEFE AVE				Address _____									
City NEWTON State MA Zip 02468				City _____ State _____ Zip _____									
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4		10 Undercarriage			
Citation # (If Issued) T1444070				Most Harmful Event 1 23				1 9		5 1 Totaled			
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 3 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator/Non-Motorist See Above				1 99 99 0 0 9 1						NONE			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

lowell ave

otis st

Unit 1

Unit 2

lowell ave

otis st

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:

Operator #1 stated she was going e/b on Otis St when vehicle #2 struck her vehicle in the intersection of Lowell Ave. The impact sent her vehicle crashing into the traffic signal light on the southeast corner of the intersection, knocking it down. She reports her light was green as she entered the intersection.

Operator #2 stated he was heading s/b on Lowell Ave and was passing thru the intersection of Otis ST when he crashed into vehicle #1 in the intersection. He stated he thought his light was green.

A witness who was behind vehicle #2 approached me and reported that vehicle #2 ran the light on Lowell Ave.

Operator #2 was cited for C90-S9 failing to stop for a red light.

Operator #1 was also cited after she informed me she didn't ever have a drivers license, only a Brazilian passport.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
EARLS, MIKE,	45 LUKE ST WRENTHAM, MA 02093	-----	Y

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	TRAFFIC SIGNAL LIGHT

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

THOMAS J MCCARTHY NEWTON POLICE DEPT 10/14/2019

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

CDP1 11 -24:00



