

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/23/2019	Time of Crash 16:48 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
EAST NAHANTON 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				
SOUTH WELLS AVE											
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 _____								2
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001084		
License # --- St MA DOB/Age ---			Reg # T33688 Reg Type CON Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make GMC Veh Config. 1 20								
Operator DELLAMARGGIO CHRISTOPHER A			Owner JOHN FRANCIS COR								12
Address 177 GREAT PLAIN AVE			Address 350 MOODY STREET								
City NEEDHAM State MA Zip 02492			City WALTHAM State MA Zip 02453								
Insurance Company TRAVELERS			Vehicle Action Prior to Crash 2 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) _____			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch _____ 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 N								
Please fill out for operator and all occupants involved											13
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			1 4 99 0 0 10 1								
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 # UTU1015 Reg Type PAVL Reg State VA								
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019 Veh Make CHEVROLET Veh Config. 1 20								
Operator FERREIRA CARLOS ROBERTO			Owner HERTZ RENTAL								
Address 40 SEAFOAM AVE			Address 44074 MERCURE CIRCLE								
City WINTHROP State MA Zip 02152			City STERLING State VA Zip 20166								
Insurance Company UNKNOWN			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) T2079296			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 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			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			1 4 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

The operator of MV1 states that he was at a complete stop at a red light at the intersection of Nahanton Street and Wells Ave when he was rear ended by MV2. The operator of MV2 did not speak English well and was unable to explain exactly what happened. Upon further investigation the operator of MV2 did not have a valid Massachusetts drivers license and only presented me with a Brazilian drivers license despite being in the State for over 1 year. Therefore I issued the Operator of MV2, Carlos Roberto Da Silva Ferreira, Massachusetts Uniform Citation T2079296, for 90-10 Operating a Motor Vehicle without a valid drivers license.

Both parties were evaluated by Medics and signed patient refusals.

MV1 sustained minor damage to the rear bumper and was driven from the scene while MV2 sustained moderate

(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

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

