Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
01/13/2020	10:47 24HR	NEWTON	2	1	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

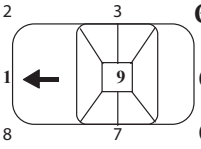
1 / 1 — Route# WEST Direction, BEACON ST Name of Roadway/Street
At
NORTH Direction, CENTRE ST Name of Intersecting Roadway/Street
Also at Intersection with
2 / 2 — Route# Direction, Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — 2 / 9
Feet N S E W of Mile Marker or Exit Number — 2 / 10
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark — 2 / 11

3 / 4 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2000000044

License # --- St NV DOB/Age -- -- ----
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL Endorsement
4 / 3 — Operator DOS SANTOS (Last) JACKSON (First) OLIVEIRA (Middle)
Address 22 RHOADES ST (apt. 3A)
City MILLBURY State MA Zip 01527
Insurance Company PROGRESSIVE DIRECT
5 / 1 — Vehicle Travel Direction: N S E ☒ Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 / 2 — Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 1TAA88 Reg Type PAN Reg State MA
Veh Year 2010 Veh Make TOYOTA Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle) — 1 / 12
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



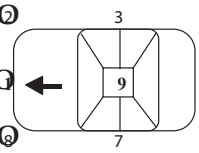
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	--------	---	---	99	4	4	0	0	8	1	

Please fill out for operator and all occupants involved — 1 / 13

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ----
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsement
8 / 2 — Operator BAUMINGERGINSBU SARA (Last) (First) (Middle)
Address 95 ELINOR RD
City NEWTON State MA Zip 02459
Insurance Company SAFETY
Vehicle Travel Direction: N S E ☒ Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 639KH6 Reg Type PAN Reg State MA
Veh Year 2006 Veh Make HONDA Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed Y
Damaged Area Code: (Circle Up to Three)



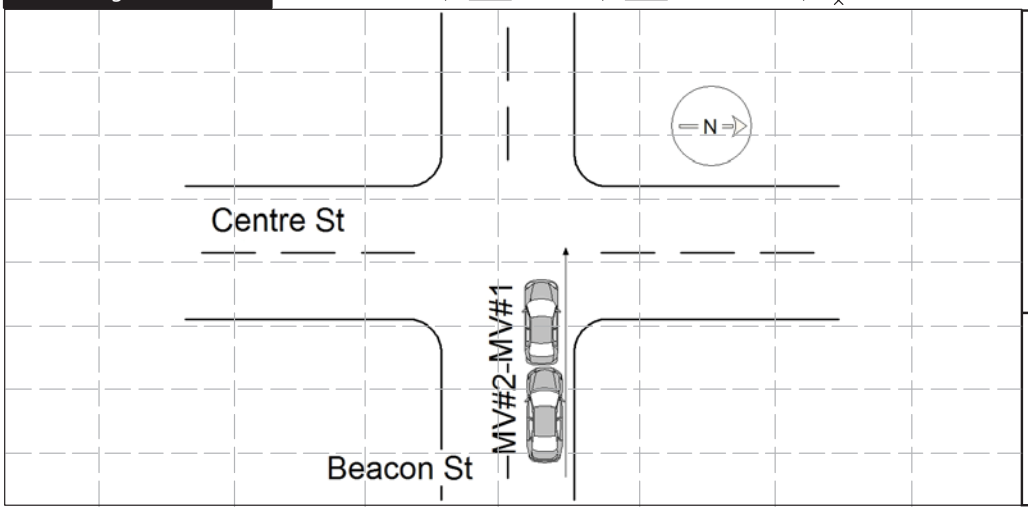
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	--------	---	---	99	4	4	0	0	10	1	

Please fill out for operator and all occupants involved

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

The operator of MV#1 stated he was travelling westbound on Beacon St when he was struck from behind by MV#2. MV#1 sustained moderate rear end damages. The operator of MV#1 sustained a small laceration to the bridge of his nose possibly due to striking his steering wheel. He was evaluated by Newton Paramedics and signed a patient refusal of treatment.

The operator of MV#2 stated she was travelling westbound on Beacon St when her brakes failed causing her to strike MV#1. MV#2 sustained heavy front end damages. There were no reported injuries to the operator of MV#2. MV#2 was towed by Tody's Towing.

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]

GITA K SETIABUDI		25111	NEWTON POLICE DEPARTM		01/13/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date