

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/28/2020		Time of Crash 11:27 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:							
<div><div>EAST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>CENTRE AVE BRIDGE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000196					
License # --- St MA DOB/Age ---				Reg # 9BW493 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2011 Veh Make HONDA Veh Config. 2 20									
Operator AMBONI LEIDINA SILVA				Owner (Same as operator)									
Address 39 ENGLEHUTT RD (apt. 1)				Address									
City MEDFORD State MA Zip 02351				City State Zip									
Insurance Company QUINCY MUTUAL FIRE				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				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 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				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 # 424H30 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2017 Veh Make SUBARU Veh Config. 1 20									
Operator COOK-WILLIAMS ALEX				Owner (Same as operator)									
Address 47 WASHINGTON PK				Address									
City NEWTON State MA Zip 02460				City State Zip									
Insurance Company STATE FARM				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				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 99 24 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 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				1 4 99 0 0 10 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Centre Ave Bridge

Washington St E/B

Unit 1

Unit 2

Washington St W/B

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On February 28th, 2020 at approximately 11:27 hours while assigned to marked cruiser N491 I responded to #433 Centre St for a two car MV crash. I later located both operators in the rear parking lot to Marathon Physical Therapy.

I first spoke with operator #1, who was driving a Honda Pilot. She reported she was driving E/B on Washington St and was veering right to go over the Centre Ave bridge when she reports vehicle #2 cut into her lane causing the crash. She further reported that she was slowing as she entered onto the bridge looking for merging traffic coming from W/B traffic on Washington St when vehicle #2 came from her rear, to her drivers side and cut into her lane.

I then spoke to operator #2 who was operating a small Subaru Impreza. He reported that he was first driving

(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 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.

02/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

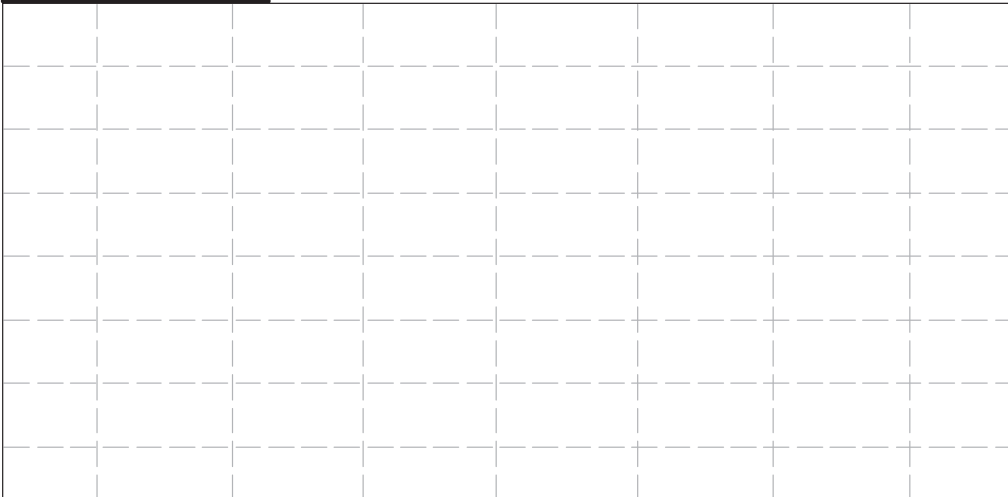
Precinct/Barracks

Date

→ 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:

E/B on Washington St and was also veering right onto the Centre Ave Bridge and had slowed/stopped on the bridge as he was looking for the merging traffic coming from the W/B side of Washington St.

He then reports that vehicle #1 came from his passenger side and cut into his lane causing the crash.

Since both vehicles had already moved from the crash location prior to my arrival and both operators had different versions of how the crash occurred, I couldn't determine who was responsible for this crash.

I left both vehicles separated in the crash diagram since I was never told which lane they were in prior to entering onto the bridge from Washington St plus their statements were completely different as to who was responsible.

There were no injuries and neither vehicle required a tow.

#### 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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

02/28/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date