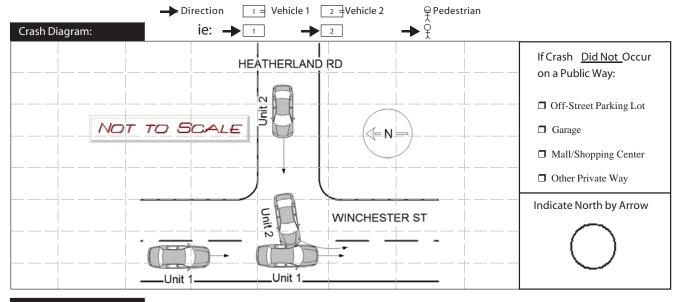
	Poli	ice Use Only		Commony	wealth	of Mas	sach	iuse	etts			RM	V Doci	ument	t Number	
	Date of Crash 03/18/2020	Time of Crash 13:01	City/T NEWTON	own Mo	tor Vel	hicle C	rash		mber hicles	Numb Injure		ed Limi		Sta	ate Police ocal Police BTA Police	N X
	03/10/2020	24HR				Report	t	2		1	Lor	gitude_		Ot	ther:	
		AT INTER	SECTION:	<	LOCA	TION	>			NO'	ГАТ	INT	ERSE	ECTI	ION:	2
	WES	т неатн	IERLAND RD													
$egin{bmatrix} 1 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name o	f Roadway/Street At		Route# Dire	ection	Addres	s #		Na	ame of F	Roadwa	ıy/Stre	et	_ 2 10
	SOU	TH WINCH	IESTER ST	Al		Feet	t N S	E W	of –		• Marker	-	or	Г-	xit Number	. -
	Route# Direc	etion N		ng Roadway/Street		Feet	t N S	E W	of	Mile	viarker			EX	tit Number	-
			Also at Inte	rsection with						Route	#	Intersec	ting Ro	oadway	y/Street	- 1
$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	Route# Direc	tion	Name of Inters	ecting Roadway/Street		Feet	t NS	EW	ΟĪ			Τ.	. 1 1-			_ 3
3	[N]	4 40		T Dv T								La	ndmark			\dashv
	Vehicle1	1_#Occupants			Case Numbe	r		200000	00240							_
	License#	18 1	St	DOB/Age	Reg	1JP123				_Reg T	pe_PA	S	Re	g State	e MA 20	-
	Sex_M_ Lic.	Class D 16 1	Lic. Restriction			Year_2002		Veh Ma	ke_CA	DILLA	C		_Veh C	Config.	. 1	
⁴ 7	Operator SCI	Last	DAVID First	Middle	Own	er (Same as o	perator))		First			Mide	dle		- 1
		WASHINGTON				ess										.
	City NEWTO			tate MA Zip 02465	City							State		_Zip_		-
	Insurance Com	pany SAFETY II	NS. CO		Vehi	cle Action Prio	or to Cras		1 21				Code:	,	e Up to Thre	e)
5 1	Vehicle Travel	Direction: N	K E W Res	ponding to Emergency?	N Even	t Sequence		22	22	22 2		3	$\overline{}$	4	40.77	
	Citation # (If I	ssued)			Most	Harmful Ever	nt 1	23		1	—	9	1		10 Undercarri 11 Totaled	age
6	Violation	1: ChSec	Violatio	n 2: ChSec	_ Drive	er Contributing		25	24	24			7	6		
⁶ 1				n 4: ChSec	_ Unde	Underride/Override Towed Y										
	Please 1 Name (Last Fir		ator and all occ	apants involved Address		Age/DOB	Sex	26 Seat Pos.	27 Safety A System	28 Airbag Air Status Swi	29 30 pag Ejec tch Cod	0 31 t Trap e Code	32 Injury 1 Status	33 Fransp. Code	Medical Facilit	y 1
	Operator			See Above					1	2 99	0	0	9	2	NEWTON-WELLES	LEY H
⁷ 3	Please Select C of the Followi	I A Venicle	2 <u>1</u> #Occupa	nts Non-Motorist	A Type	14 Action	15 L	ocation		6 Cone	lition	17		Hit/Ru	n Mope	ed
	License#		St	DOB/Age	Reg	9FG942				_Reg T	pe_PA	S	Re	g State	e_MA	_
	Sex_F_ Lic.	Class 99 18 1	Lic. Restriction			Year_2010	<i>\</i>	Veh Ma	ke_TO	YOTA			_ Veh C	Config.	1 20	
8 1	Operator BRA	ASILEIRO	ROSANA	Endorsmen CRISTINA Middle	it Own	er MELO	Last	S	IRLEY	First			Mido			_
1	Address 750 F	ARM RD	First	Middle	Addr	ess 32 GORD				First			Midd	die		
	City MARLBO	ORO	S	tate_MA Zip_01752	City	City YARMOUTH PORT State MA Zip 02675								.		
	Insurance Com	pany L.M. GENI	ERAL INS. CO		Vehi	cle Action Pric	or to Cras	sh	1 21] :	Damage	ed Area	Code:	(Circl	e Up to Thre	ee)
	Vehicle Travel Direction: NSEN Responding to Emergency? N Citation # (If Issued) T2080843					Event Sequence 1 22 22 22 22 22 4										
						Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled							age			
	Violatio	n 1: Ch <u>90/10/AS</u> e	ec Violati	on 2: ChSec	Drive	er Contributing	Code	3 2	4	24	_	VÍ	<u>\</u>			
	Violatio	n 3: ChSe	ec Violati	on 4: ChSec	Unde	erride/Override			owed.	Υ 8		7		6		
	Pl Name (Last Fi		operator and a	l occupants involved		Age/DOI	B Sex		27 Safety 2 System	28 Airbag Air Status Sv	29 30 Ejec ritch Co) 31 Trap de Code		33 Fransp. Code	Medical Facil	ity
		Non-Motorist		See Above				1 08.		4 99		0	Status 10		NONE	,
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Crash Narrative:

(Continued on next page)

On 03/18/20 at approximately 13:01 I responded to the intersection of Winchester St and Heatherland Rd. for a two vehicle crash. Upon arrival I spoke with Newton Police Detail Officer Schaefer who was involved in the accident. Officer Schaefer was operating his own vehicle (Mass Reg#1JP123 Blue 2001 Cadillac Deville) and headed back to a paid Feeney Brothers detail. Officer Schaefer stated he was traveling due South down Winchester St. approximately 30mph when a light colored vehicle (later determined to be Mass Reg#9FG942-Grey 2010 Toyota Prius operated by Rosana Cristina Brasileiro) pulled out of the one-way Heatherland Rd, the wrong way. Officer Schaefer stated the Prius struck him on his drivers side front and rear doors causing the vehicle to crash into the curb and causing his side air bag to deploy. Officer Schaefer was wearing his seatbelt but struck his head off the interior of his vehicle. I attempted to speak with the operator of the

Witnesses: Address Name (Last, First, Middle) Phone # Statement **Property Damage:** Owner (Last, First, Middle) Address Phone # 34-Type **Description of Damaged Property** Truck and Bus Information: Registration # ______(From Vehicle Section) 35 Carrier Name _ ___ Carrier Issuing Authority Code _____ City_____ Address__ US DOT #: State Number __ Issuing State _____ ICC #:___ Cargo Body Type Code Gross Vehicle Weight Reg Type_____ Reg State _____ Reg Year____ Trailer Length Trailer Reg #:_ Hazmat Information: Material Name______ Material 4 digit # ______ Release code Placard Material 1 digit #

ZACHARY S RAYMOND			NEWTON POLICE DEPARTM		03/18/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

		If Crash <u>Did Not</u> Occu on a Public Way:
		☐ Off-Street Parking Lot
_	 _	☐ Garage
		☐ Mall/Shopping Center
	_+	☐ Other Private Way
_	 _ + +	Indicate North by Arrov
		eiro but she only spoke Portuguese. Newton Fire Departu

other vehicle Rosana Brasileiro but she only spoke Portuguese. Newton Fire Department Engine #7 was also on scene and Fire Fighter Ian Moniz stated he spoke a different dialect but was able to communicate with her. Fire Fighter Moniz translated for me and I was able to ascertain that Brasileiro stated she was driving due West on Heatherland Rd(wrong way) when she didn't see the other vehicle and made contact with it. I asked Brasileiro for a License and she handed me a Brazilian Passport and stated she didn't have a license. She stated she was just visiting from Brazil and that she was operating her bosses vehicle. Brasileiro was handed Mass. Criminal Citation #T2080843 for Ch90/ Sec10- Unlicensed Operation, Ch90/ Sec 16-Operating on a one way the wrong way and Ch 89/ Sec 8-Failure to yield to the right of way. Both vehicles were towed from the scene while Officer Schaefer went with the Medics to Newton-Wellesley Hospital to get checked out. Sgt.

(Continued o	on next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:	,							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desci	ription of Dama	ged Property	
Truck and Bus Information: Carrier Name	_		(From Vehic			Carrier Issu	ing Authority Cod	35 le
	-							le
Carrier Name	State Number		City			St	Zip	le
Carrier Name Address US DOT #:	State Number		City			St	Zip	de
Carrier Name Address US DOT #:	State Numbersss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code37 Gro	State Numbersss Vehicle Weight	38	City Issuing State	ICC #:_		St	Zip	de
Carrier NameAddressUS DOT #: Groot Groot Grailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	railer Le	St	Zip Interstate	de

ZACHARY S RAYMOND NEWTON POLICE DEPARTN 03/18/2020
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

•	→ Direction	1 =	Vehicle 1	2 = Vehicle	2	Pedestr	ian		
Crash Diagram:	ie: → [1	→	2	→	₽			
								If Crash <u>Did No</u> on a Public Way	
		_ _		_				☐ Off-Street Park	ing Lot
								☐ Garage	
		_ _		_ +	_+_	+		☐ Mall/Shopping	Center
		_ _							
		_		_	_			Other Private V	
								Indicate North by	/ Arrow
	— — — — — - 	_ _			_ + -)
Crash Narrative:									
McLean and Traffic Office	er Wilson (N523	3) we	ere also	on scene	and Off	icer Wil	son too	k pictures. Sgt.	
McLean traveled to N.W.H.	to check on	Off	icer Sch	aefer. All	roads	mentione	d/trave	led on in this re	port are
public ways in the City	of Newton as	they	are ser	viced and	maintai	ned by t	his cit	у.	
W itnesses: Name (Last, First, Middle)			Address					Phone #	Statement
Name (Last, First, Middle)			Address					rnone #	Statement
Property Damage:									
Owner (Last, First, Middle)	Address			Phone :	ŧ	34-Type	Description	on of Damaged Property	
Truck and Bus Information:	Registration #				(From Veh	icle Section)			35
Carrier Name								Carrier Issuing Authority (Code
Address				City				St Zip	36
US DOT #:	Г		38	Issuing	State	ICC #:_		Interstate	30
Cargo Body Type Code G	ross Vehicle Weight	J						39	
Trailer Reg #:	Reg Type		_ Reg State	e R	eg Year	Tr	ailer Length		
Hazmat Information: 40	41								42
Placard Material 1 digi	t # Materia	l Nam				_ Material 4	ligit #	Release code	
ZACHARY S RAYMOND					NEWTO	ON POLICE DEPART		03/1	8/2020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)