

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/26/2020	Time of Crash 10:54 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:					
NORTH CENTRE ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
EAST CENTRE AVE Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____							
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 2000000477	
License # _____ St MA DOB/Age _____			Reg # 3PJ412 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make HONDA Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Owner NAKIGUDDI SARAH			Address 5 RIVERHURST RD				
Operator MUKARUMONGI JANET			City BILLERICA State MA Zip 01821			Vehicle Action Prior to Crash 2 21				
Address 495 HUNTINGTON AVE (apt. 2)			City HYDE PARK State MA Zip 02138			Damaged Area Code: (Circle Up to Three)				
Insurance Company GOVT EMPLOYEES			Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6 9 10 Undercarriage 5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			13 1				
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 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 _____ DOB/Age _____			Reg # 1YGH95 Reg Type PAN Reg State MA				
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2010 Veh Make SUBARU Veh Config. 1 20							
Operator BARBOSA ANA SIMON			Owner CARVALHO RALPH			Address 105 (apt. 2) MANSFIELD ST				
Address 0 FERRY ST (apt. 1)			City FRAMINGHAM State MA Zip 01702			Vehicle Action Prior to Crash 1 21				
City EVERETT State MA Zip 02357			City FRAMINGHAM State MA Zip 01702			Damaged Area Code: (Circle Up to Three)				
Insurance Company FOREMOST INS CO			Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 5 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6 9 10 Undercarriage 5 11 Totaled				
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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 NONE							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre Ave

Unit 1

Unit 2

Centre St

← N →

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:

On August 26th, 2020 at approximately 10:54 hours while working N491 I responded to the intersection of Centre St @ Centre Ave(both public ways) for a report of a two car MV crash.

On my arrival I first spoke with operator #1 who reported stopped at the intersection of Centre St @ Centre Ave. She then began to proceed out onto Centre Ave but had to stop again due to oncoming E/B traffic on Centre Ave. She then reported getting rear ended by vehicle #2.

Operator #2 who was from Brazil and operating on her Brazilian driver license had to have an interpreter(Portuguese) who stated she was behind vehicle #1 N/B on Centre St, began to follow #1 vehicle out into the intersection when vehicle #1 suddenly stopped again. She was unable to stop and crashed into the rear of vehicle #1.

(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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

There were no injuries and neither vehicle needed to be towed.

[illegible]

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

THOMAS J MCCARTHY

NEWTON POLICE DEPARTMENT

08/26/2020

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____