

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/17/2020	Time of Crash 15:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			EAST 2101 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
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 200000525			
License # --- St MA DOB/Age ---			Reg # 3CXA91		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2017		Veh Make HYUND		Veh Config. 1 20			
Operator LORDEN EMMA Last First Middle			Owner (Same as operator)		First Middle					
Address 42 MOUNTAINVIEW RD			Address		First Middle					
City WEYMOUTH State MA Zip 02143			City		State Zip					
Insurance Company GEICO			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X 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		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 4 24 24		8 6					
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 4 0 0 9 1			
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 #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 XX DOB/Age ---			Reg # 122CF6		Reg Type PAN		Reg State MA			
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2003		Veh Make HONDA		Veh Config. 1 20			
Operator PATRICIA CHRISTINA Last First Middle			Owner ALVES RAIDEN Last First Middle		First Middle					
Address 34 HIGHLAND AVE			Address 1073 MAIN ST		First Middle					
City SOMERVILLE State MA Zip 02143			City WOBURN		State MA Zip 01801					
Insurance Company COMMERCE			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) T2015313			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch 90/10/A Sec Violation 2: Ch Sec			Driver Contributing Code 97 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			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 4 0 0 10 1			
SOUZA, POLOMA			34 HIGHLAND AV SOMERVILLE, MA 02143		----- F 3		1 4 4 0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St

2150 Washington St

122CF6

3CXA91

NOT TO SCALE

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 9/17/2020 at approx 1500hrs while assigned to 497 I responded to the area of Washington St over Rt 128 for a report of a 2 car crash with possible injuries. Upon arrival I found both cars in the parking lot of 2101 Washington St. I spoke with the operator of Ma reg 3CXA91, Emma Lorden who stated she was taking a left out of 2150 Washington St, thought the way was clear when at what she perceived at a high speed she was struck by the operator of Ma reg 122CF6 Patricia Christina. I spoke with Patricia who stated she was travelling Eastbound on Washington St when the other vehicle pulled out across her traffic lane. Patricia had a passport only and admitted she had no license in the U.S. or in Brazil. Patricia issued criminal application citation for violation of MGL 90/10 Unlicensed Operation, her car was towed by Todys Towing. Emma stated she had struck her head but signed a refusal with Cataldo Ambulance.

**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

JO A GOURDEAU

NEWTON POLICE DEPART

09/17/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date