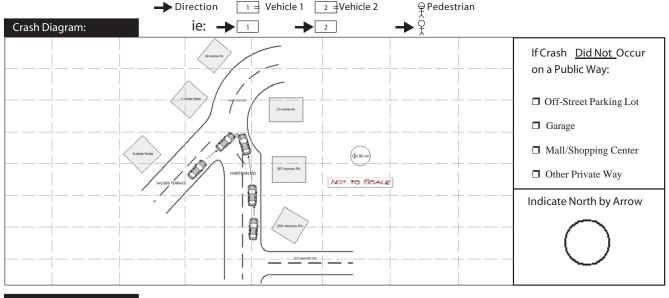
	Poli	ice Use Only		Comm	onweal	lth o	f Massa	achi	uset	ts		RM	V Doci	ıment	t Number	
	Date of Crash 12/04/2020	Time of Crash 18:19	City/I NEWTON	own	Motor	Veh	icle Cra	sh	Numl			peed Lim		St La	ate Police ocal Police BTA Police	<u> </u>
	12/04/2020	18:19 24HR	NEWTON		Pol	ice I	Report		2	0		ongitude_			BTA Police ther:	
		AT INTER	RSECTION:		< L	LOCATION > NOT AT INTERSECTION							ION:	2		
	EAST	Γ HARTN	MAN RD													2
1 4	1 Routett Direction Name of Roadway/Street						Route# Direction Address# Name of Roadway/Street								et	
							Feet NSEW of or Exit Numbe									-
	Route# Direc	Feet NSEW of														
	Also at Intersection with						Route# Intersecting Roadway/Street									
²	Route# Direction Name of Intercepting Pondway/Street						Feet N S E W of									
3	Route# Direction Name of Intersecting Roadway/Street						Landmark									
	XVehicle1	#Occupants	Hit/Ru	n Mope	d Case N	lumber		2	000000	705						
	License#		St N	MA DOB/Age		Reg#5	5088AN			Res	Type F	AN	Re	g State	_e MA	
	Sex_F_ Lic. 0	18 1	8 Lic. Restriction	19	L		ear 2009								20	
4	Operator SOT		EVIE	End	orsment		(Same as open	rator)						Ü		- 1
1	Address 16 SY	Last CAMORE RD	First	M	liddle		Las	t					Mide	ile		- 1
	City NEWTO			state_MA Zip_02	2459	Address City State Zip										-
										21					e Up to Thre	_
5	1	npany COMMER			- N		Action Prior to		2 22		2	igeu Area		4	op to Till	~
2	Vehicle Travel	Direction: N	S X W Re	sponding to Emerg	gency?_N	Event S	Sequence 1	22 23				\Box			10 Undercarr	iage
	Citation # (If Is	ssued)				Most H	Iarmful Event	1		24	1	-] 9		- 1	11 Totaled	lage
6	Violation	1: ChSec	Violatio	on 2: ChSec	c	Driver	Contributing Co		1 24	24	0) 6		
⁶ 1				on 4: ChSec		Underr	ide/Override	25	To	wed N	-	•				
	Please f		ator and all occ	upants involved	ddress	Age/DOB Sex Pos. \$ystem Status Switch Code Code Hatus Code Medic:						Medical Facili	tv 1			
	Operator	,			Above				1		4 0			1		
[7																
3	Please Select C of the Followi	I X Vehicle	2 <u>1</u> #Occupa	nts Non-Mo	otorist A Type	1	4 Action 1	Loc	ation	16 C	ondition	17	Ū	Hit/Ru	n Mop	ed
	License # St MA DOB/Age Sex_F Lic. Class D 18 18 Lic. Restrictions 1 CDL					Reg# US43TC				Reg Type_PAS			Reg State_MA			_]
					L	Veh Ye	Veh Year 2010 Veh Make HONDA						Veh Config. 1			
8_	Operator DESOUZA ANA PAULA BOMBIG Endorsment BOMBIG					Owner	ner BERTO MATHEUS						NICHOLAS			
1	Address 87 TUDOR ST City CHELSEA State MA Zip 02150 Insurance Company GEICO INSURANCE Vehicle Travel Direction: NSW W Responding to Emergency? N Citation # (If Issued) Sec Violation 2: Ch Sec						Last First Middle Address 18 (apt. 3) GOLDEN AVE									
							City MEDFORD State MA Zip 02155								02155	_
							Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Driver Contributing Code 1 24 24									ee)
																iage
	Violation	Underride/Override Towed N														
	Plo Name (Last Fi		operator and a	ll occupants invo	olved Address		Age/DOB	Sex	26 Seat Sat Pos. Sy	27 28 Fety Airbag stem Status	29 Airbag E Switch	30 31 Ject Trap Code Code	32 Injury I Status	ransp. Code	Medical Facil	lity
	Operator/	Non-Motorist		See A	Above								10	1		
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									+	+						
							1				1 1	1	1 1			



Crash Narrative:

On Friday 12/4/20 at approximately 1619 hours while working in marked cruiser n499 I was dispatched to the corner of Hartman Rd. and Jacobs Terrace for a report of a motor vehicle crash with no injuries.

Upon arrival I spoke with the operator, (SOTIRIAD, Evie) of MV1 who stated she was leaving her house at 16 Sycamore Rd. and travelling eastbound on Hartman Rd. when MV2 entered her lane of travel from Jacobs Terrace striking her front drivers side.

Operator (BOMBIG DESOUZA, Ana Paula) of MV2 stated she was driving eastbound from Jacobs Terrace onto

Hartman Rd. and did not see MV1 causing her to strike the drivers side of MV1. BOMBIG DESOUZA stated that

she is not from the area and there wasn't a stop sign at the end of Jacobs Terrace and she did not realize
she was merging onto another Rd.

(Continued on next page)									
Witnesses:									
Name (Last, First, Middle)		Address				Phone #	ŧ	Statement	
Property Damage:									
Owner (Last, First, Middle)	Address		Phone #	34-Type	Desc	ription of Damag	ged Property		
Truck and Bus Information: Carrier Name			(From Vehic	ele Section)		Carrier Issu	ning Authority Coo	35 le	
								le	
Carrier Name			City			St	Zip	le	
Carrier NameAddressUS DOT #:			City			St	Zip	le	
Carrier NameAddressUS DOT #:	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier NameAddressUS DOT #:Cargo Body Type Code37 Gros	State Numberss Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier NameAddressUS DOT #:Cargo Body Type Code Growth Trailer Reg #:	State Numberss Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tr	ailer L	St	Zip Interstate	le	

-	→ Direction	1 = Vehicle 1	2 = Vehicle 2	₽ Pedestriar	1	
Crash Diagram:	ie: →□	1	2	₽		
					If Crash <u>Did Not</u> on a Public Way:	Occur
					—	g Lot
					☐ Garage	
					☐ Mall/Shopping C	enter
		_			Other Private Wa	
		 -			Indicate North by A	
		 - +		+ -		
Crash Narrative:						
After interviewing both o	perators I con:	firmed that the	nere is not a	stop sign a	t the end of Jacobs Ter	race.
Jacobs Terrace is a small	cul-de-sac wit	th only 3 or 4	1 houses and v	ery little	traffic. It is very pla	usible
that BOMBIG DESOUZA did n	ot realize she	was merging o	onto Hartman R	d. The area	where she entered Hartm	an Rd.
is on a bend in the road	with limited v	isibility.				
Witnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:			DI "	24.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:	Registration # _		(From Vel	hicle Section)		25
Carrier Name					Carrier Issuing Authority Cod	35 de
Address			City		St Zip	
US DOT #:	_ State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37 Gr	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Traile	r Length 39	
Hazmat Information:						42
Placard 40 Material 1 digit	# 41 Material	Name		_ Material 4 digi	it# Release code	42
						<u>_</u>
ALAN JR RICHARD SOLOMAN.			NEW	TON POLICE DEPARTS	12/04/2	020

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)