

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/21/2021	Time of Crash 19:04 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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:			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 140 VINE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000202	
License # _____ St MA DOB/Age _____			Reg # 2DLV27			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014			Veh Make TOYOTA			Veh Config. 1 20	
Operator NEVES VINICIUS			Owner (Same as operator)							
Address 98 W CHESTNUT ST (apt. 2)			Address _____							
City BROCKTON State MA Zip 02301			City _____ State _____ Zip _____							
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 35 22 22 22 22			Event Sequence 35 23 24 24 25			10 Undercarriage 5 11 Totaled	
Citation # (If Issued) _____			Most Harmful Event 35 23			Driver Contributing Code 12 24 24			Underride/Override 25 Towed Y	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB			Sex	
Operator			See Above			-----			---	
DOS ANJOS, RAFAEL			3719 POCATELLO ST IRVING, TX 75062			---			M 3 1 1 99 0 0 10 1	
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 # _____			Reg Type _____			Reg State _____	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22 22			Event Sequence 23 24 24 25			10 Undercarriage 5 11 Totaled	
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB			Sex	
Operator/Non-Motorist			See Above			-----			---	

→ 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:

MV1 was traveling southbound when he thought he saw an animal in the road and swerved. MV1 lost control and struck a stone wall outside of 140 Vine St across the other lane of traffic. Both driver side and passenger side airbags deployed. Medics arrived and both parties signed patient refusals. MV1 sustained major damage and was towed by Tody's.

Homeowner of 140 Vine St was advised of the damage and given the report number.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
WIESCHHOFF, HYNRICH,	140 VINE ST NEWTON, MASSACHUSETTS		97	STONE WALL

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

RICHARD NEWTON **NEWTON POLICE DEPARTMENT** **03/21/2021**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00