

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/31/2021	Time of Crash 17:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	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:			
SOUTH HAMMOND ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____ WEST LAWRENCE RD Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000651	
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>RIBEIRO</u> <u>EVANDRO</u> Address <u>113 MILL ST</u> City <u>FRANKLIN</u> State <u>MA</u> Zip <u>02038</u> Insurance Company <u>COMMERCE</u>			Reg # <u>W13024</u> Reg Type <u>CON</u> Reg State <u>MA</u> Veh Year <u>2016</u> Veh Make <u>FORD</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>3</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>4</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>4</u> <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>N</u>							
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u> Citation # (If Issued) <u>T2016946</u> Violation 1: Ch <u>90/148</u> 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above ----- --- 1 4 99 0 0 10 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>2</u> <u>14</u> Action <u>2</u> <u>15</u> Location <u>4</u> <u>16</u> Condition <u>1</u> <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St _____ DOB/Age _____ Sex <u>M</u> Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator <u>RECOR</u> <u>KEVIN</u> Address <u>176 FRANKLIN ST</u> City <u>CAMBRIDGE</u> State <u>MA</u> Zip <u>02139</u> Insurance Company _____			Reg # _____ Reg Type _____ Reg State <u>20</u> Veh Year _____ Veh Make _____ Veh Config. <u>20</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>23</u> <u>1</u> <u>9</u> <u>5</u> <u>11</u> <u>Totaled</u> Driver Contributing Code <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed _____							
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

LAWRENCE RD

HAMMOND ST

Unit 1

N

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 08/31/2021 at 17:02 hours I was dispatched to Hammond St at Lawrence Rd for a report of a MVA involving a van and a bike. Hammond St and Lawrence Rd are both public ways in the City of Newton. Upon my arrival I spoke with the operator of vehicle one Evandro Ribeiro. Ribeiro stated that he was driving his van (MA commercial registration W13024 2016 Ford Transit van) south bound on Hammond St near Lawrence Rd. Ribeiro stated that as he was turning right onto the west bound lane of Lawrence Rd a bicyclist struck the front passenger side door of his van. Ribeiro stated that he activated the right turn signal of his van before turning right onto Lawrence Rd. Ribeiro stated that he did not see the bicyclist prior to the crash. Ribeiro stated that he was not injured in the crash and his van had no damage to it. I also spoke with the bicyclist Kevin Recor who stated that he was riding his bike south bound on Hammond St near Lawrence Rd when

(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

MICHAEL A MCSWEENEY NEWTON POLICE DEPT 08/31/2021

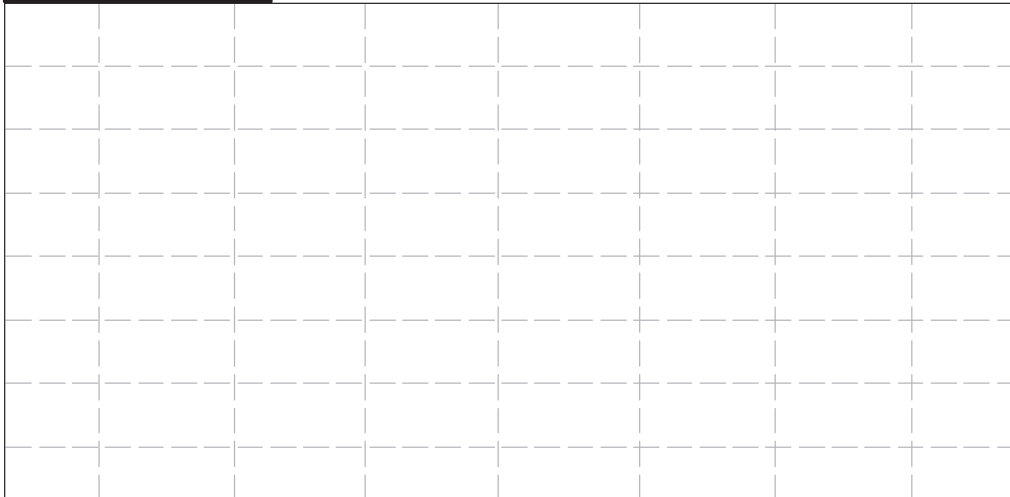
Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

→ 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:

Ribeiro's van turned to the right in front of him. Recor stated that he did not recall if Ribeiro's van had it's right turn signal activated before it turned. Recor stated he did not have enough time to stop before the crash. Recor suffered minor lacerations to his left arm and left leg as a result of the crash. Recor was evaluated by Medics at the crash scene and refused further medical aid. I took photos of Ribeiro's van and Recor's bike and the disk was downloaded by the NPD's IT Bureau. Based upon statements made to me by Ribeiro and Recor I issued Ribeiro MA Uniform Citation T2016946 and cited him for a violation of MGL 90/14, failure to yield to a bicyclist when turning right.

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Placard Material 1 digit # Material Name _____ Material 4 digit # _____ Release code

MICHAEL A MCSWEENEY

NEWTON POLICE DEPT.

08/31/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date