

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/14/2021	Time of Crash 16:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 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			NORTH 110 PARKER ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ or _____ 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			Feet N S E W of _____ Landmark				
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000702	
License # --- St MA DOB/Age ---			Reg # 8VXK50 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make VOLVO Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2017 Veh Make VOLVO Veh Config. 1 20			Owner (Same as operator)				
Operator MANGLA SHIKHA			Address _____			City _____ State _____ Zip _____				
Address 580 WALNUT STREET			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
City NEWTONVILLE State MA Zip 02460			Event Sequence 1 22 22 22 22			10 Undercarriage				
Insurance Company LM GENERAL INSURANCE			Most Harmful Event 1 23			11 Totaled				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Driver Contributing Code 1 24 24							
Citation # (If Issued) _____			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 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							
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 # S13713 Reg Type CON Reg State MA			Veh Year 2016 Veh Make CHEVY Veh Config. 2 20				
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make CHEVY Veh Config. 2 20			Owner DUTRA RYANA				
Operator SIQUEIRA MARCELO DE OLIVEIRA			Address 12 ALDEN DRIVE			City BERLIN State MA Zip 01503				
Address 12 ALDEN DRIVE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
City BERLIN State MA Zip 01503			Event Sequence 1 22 22 22 22			10 Undercarriage				
Insurance Company PROGRESSIVE CASUALTY INS			Most Harmful Event 1 23			11 Totaled				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Driver Contributing Code 19 24 5 24							
Citation # (If Issued) T2012676			Underride/Override 25 Towed Y							
Violation 1: Ch 90/10/A 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 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 1 99 0 0 10 1							

Crash Narrative:

Operator of MV1 stated she was traveling Northbound on Parker St. when a vehicle in front of her stopped short. Operator of MV1 further stated she then had to stop suddenly to avoid hitting the vehicle in front of her, however stated that is when MV2 rear ended her vehicle. Operator of MV2 stated he was traveling Northbound on Parker St. when MV1 stopped short in front of him. Operator of MV1 stated he attempted to avoid colliding with MV1, however could not and collided with MV1 in front of 110 Parker St.

No injuries. MV1 sustained heavy rear end damage along with rear windshield damage. MV2 sustained heavy front end damage. Both vehicles involved were towed on scene by Tody's towing. A towed motor vehicle form was filled out for both vehicles and placed on file.

Operator of MV2 was operating the vehicle without a drivers license. Mr. Marcelo De Oliveira Siqueira was

(Continued on next page)

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JUSTIN MARCH			NEWTON POLICE DEPARTA		09/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

