

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/25/2021	Time of Crash 15:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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:			
NORTH BROADWAY										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker _____ Exit Number _____			
WEST CHURCHILL ST										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____							Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000868	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>61YS21</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2004</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>20</u>				
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2004</u> Veh Make <u>KIA</u> Veh Config. <u>1</u> <u>20</u>			Owner (Same as operator)				
Operator <u>LUCIANO</u> <u>ANTONIETTA</u>			Address _____			City _____ State _____ Zip _____				
Address <u>222 LINWOOD AVE</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>23</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage 5 11 Totaled	
City <u>NEWTON</u> State <u>MA</u> Zip <u>02458</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>Y</u>	
Insurance Company <u>THE COMMERCE INSURANCE</u>			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u>			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 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # _____ St _____ DOB/Age _____			Reg # <u>86P550</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2012</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u>				
Sex <u>M</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year <u>2012</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u>			Owner <u>DA SILVA</u> <u>ROBSON</u> <u>MEDEIROS</u>				
Operator <u>FERREIRA</u> <u>MARCELO</u> <u>DIAS</u>			Address _____			City _____ State _____ Zip _____				
Address <u>121 HOMESTEAD ST</u>			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>			10 Undercarriage 5 11 Totaled	
City <u>BOSTON</u> State <u>MA</u> Zip <u>02121</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>3</u> <u>24</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>Y</u>	
Insurance Company <u>GEICO INSURANCE</u>			Citation # (If Issued) <u>T2014953</u>			Violation 1: Ch <u>90/10/A</u> Sec _____ Violation 2: Ch <u>89/9</u> Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Responding to Emergency? <u>N</u>			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				

→ 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:

The operator of MV1 stated she was driving Northbound on Broadway Street. Once she came to a complete stop she proceeded through the four way stop and was struck by MV2. After being hit, MV1 struck the stop sign at the north eastern corner of the intersection.

The operator of MV2 stated he was traveling on Churchill street, westbound, entering the intersection. He stated he saw the stop sign too late and struck MV1.

The operator of MV1 and MV2 both stated they were not injured. Due to the cars being in operable, I requested Tody's.

The operator of MV2 stated he did not have a Ma drivers license. He was cited for Operating a motor vehicle without a license and failing to stop at a stop sign.

(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

♀ Pedestrian

[illegible]

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

CDP1 11 ·24·00