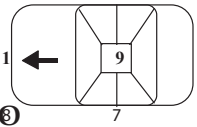
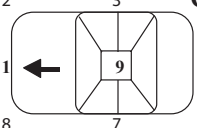


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/29/2021	Time of Crash 09:22 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
WEST Route# Direction Name of Roadway/Street At Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			WASHINGTON ST 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 Feet <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"/> of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000880				
License # --- St <u>MA</u> DOB/Age --- Sex <u>F</u> Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Operator <u>OLIVEIRA</u> <u>MARINEYDE</u> Address <u>73 WALNUT ST (apt. 2)</u> City <u>SOMERVILLE</u> State <u>MA</u> Zip <u>02143</u> Insurance Company <u>FOREMOST INSURANCE</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>T1445781</u> Violation 1: Ch <u>90/104</u> Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>1ZCM56</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2010</u> Veh Make <u>MAZDA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>5</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> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>10</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u> 								
Please fill out for operator and all occupants involved			13								
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 <u>MA</u> DOB/Age --- Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>RIVERA</u> <u>BRITTANY</u> Address <u>86 FAYTON ST (apt. 1)</u> City <u>DORCHESTER</u> State <u>MA</u> Zip <u>02121</u> Insurance Company <u>PROGRESSIVE DIRECT</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) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>2CHV64</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2018</u> Veh Make <u>NISSAN</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>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> 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>N</u> 								
Please fill out for operator and all occupants involved			13								
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 ----- --- 4 1 1 0 0 8 97 NEWTON-WELLESLEY								

→ 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:

At approximately 0922HRS on Friday, October 29, 2021, I was dispatched to 265 Washington St. for a motor vehicle crash with minor injury. Upon arrival, I observed MA Pass: 1ZCM56 parked almost in the on-ramp to I90, causing a potential safety hazard for drivers attempting to enter/exit the highway. The vehicle's driver's side headlight was broken, its front bumper/driver's side fender was partially dislodged and there were scratches and dents in the general area of impact. Parked in front was MA Pass: 2CHV64, which displayed a large scrape on its passenger's side rear bumper, gouges missing from around the wheel well and scratches through the general area of impact. Both vehicles were owned by the operators. The first of which being operated by Marineyde Oliveira (OLN: no status/NRE) and the second of which being operated by Brittany Rivera (MA OLN: S95463618).

(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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

10/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ 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:

With the translation assistance of Officer Calderon, I spoke with Marineyde, who stated she was traveling westbound on Washington St., by the entrance to I90. At this time, she attempted to change one lane to the left, when she struck Brittany's vehicle in the rear. Upon requesting her driver's license, Marineyde stated she did not have one..

Upon speaking to Brittany, she stated she was traveling westbound on Washington St., in the lane closest to the concrete island, just before the entrance of I90. It was at this time that Marineyde entered her lane, striking her vehicle in the rear. Brittany stated she then pulled over and exited her vehicle, past the on-ramp and it appeared Marineyde initially was going to drive away without stopping. Brittany then began to signal her to stop by waving both of her arms and Marineyde parked behind her. Brittany, a Spanish speaker

(Continued on next page)

Witnesses:

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

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Registration # _____ (From Vehicle Section)

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US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

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CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

10/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

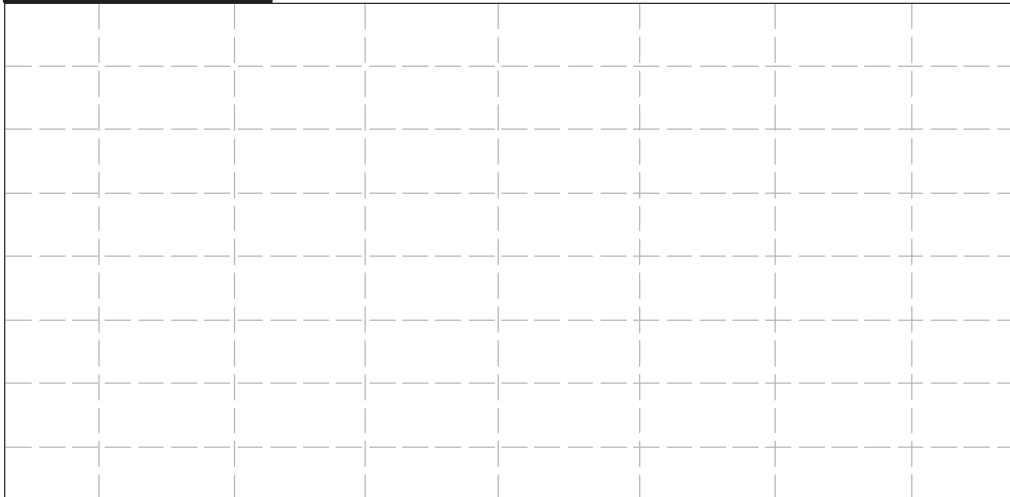
Precinct/Barracks

Date

→ 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:

began to transport her to Newton Police Headquarters. However, after discussing the matter with Sergeant Poutas, we came to the belief that the "in the officer's presence" element of the crime would likely not be satisfied by the above, so Marineyde was released forthwith. She will be receiving MA Criminal Citation: T1445781 in the mail for the above offense, as she was already released from the station prior to my arrival. Officer Calderon explained everything pertaining to the initial arrest and that she will be receiving the criminal citation in the mail.

This rotary/intersection is a particularly dangerous area, in which we respond to many crash reports. The area where MA Pass: 1ZCM56 was parked, was creating a potential hazard for motorists entering the highway, as well as the many motorists who often exit the ramp, where she was parked, to avoid accidentally entering

(Continued on next page)

Witnesses:

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

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CHRISTOPHER G HOWES

38804

NEWTON POLICE DEPART

10/29/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

ie: \rightarrow 1 \rightarrow 2 \rightarrow 

Crash Narrative:

the highway. Because of this, Todys Services removed the vehicle.

Note: Washington St. is A Public Way in The City of Newton. I completed and filed an NPD Towed Motor Vehicle Form and cleared without further incident.

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

CHRISTOPHER G HOWES		38804	NEWTON POLICE DEPT		10/29/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					