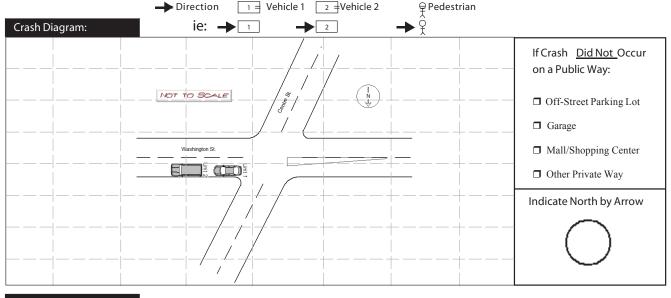
	Poli	ice Use Only		Commonwea	alth d	of Massa	achu	setts			RMV	V Docu	ment Number	•
	Date of Crash 10/29/2021	Time of Crash 09:22 24HR	NEWTON	MIOTOI		icle Cra Report	sh [Number Vehicles 2		d Lati	ed Limi tude gitude_		State Police Local Police MBTA Polic Other:	X 1
			SECTION:		LOCA		>		NO				CTION:	
	WES	T WASHI	INGTON ST											
1	Route# Direc	tion	Name of	Roadway/Street		Route# Direction	on Add	ress #		Na	me of F	Roadway	//Street	
	I90 NORTH ON-RAMP TO I90					Feet NSEW of or								
	Route# Direc	etion N		ng Roadway/Street		Faat N	N S E V	V of	Mile	Marker			Exit Number	
			Also at Inte	rsection with				_	Route	#	Intersec	ting Roa	adway/Street	- -
1	Route# Direc	tion	Name of Interse	ecting Roadway/Street		Feet	N S E V	v of			Los	ndmark		
3	Wyshislad	#Occupants	☐ Hit/Run	Moped Case							Lai	iuiiai k		\neg
	Venicie	#Occupants		- 1 Case	Number		210	0000880						_
	License#	18 1	St M	19		1ZCM56							State MA	_
	Sex_F_ Lic.		Lic. Restriction	Endorsment	_	ear_2010		Make_M	AZDA			_Veh C	onfig. 1	_
$\begin{vmatrix} 4 \\ 1 \end{vmatrix}$	Operator OLI		MARINEYD	E Middle		(Same as open			First			Middl	e	_ [1
	Address 73 W. City SOMERY	ALNUT ST (apt.		MA - 02142	Domagad Area Code: (Circle IIn to Three)									-
			St INSURANCE	ate MA Zip 02143										
5	1			ponding to Emergency? N	Vehicle Action Prior to Clash									
1		ssued) T1445781		bonding to Emergency:		Harmful Event	23				Λ	A	10 Underca	~
		-		1 2: ChSec		Contributing Co		24	24	—	9		5 11 Totaled	
⁶ 1	1			1 4: ChSec		ride/Override	25	Towe)	7		6	
			ator and all occu	pants involved	Age/DOB Sex Pos. System Status Switch Code Code Status Code Medical Facility							eility 1		
	Name (Last Fir	st Middle)		Address See Above		Age/DOB	Sex Po		Status \$w	tch Code	e Code 0	Status C	Medical Fac	cility
⁷ 2	Please Select C	IX Vehicle	2 <u>1</u> #Occupan	ts Non-Motorist A Ty	/pe 1	14 Action 1	5 Locati		16 Con	dition	17	шн	it/Run Mc	oped
	License#		St M	A DOB/Age	Reg#	2CHV64			Reg T	ype PA	N	Rec	State_MA	\dashv
	Sex_F Lic.	18 1		19		ear 2018	Veh l	Make_N		, pc		Veh Co	20	
⁸ 2	Operator RIV	ERA	BRITTANY	Endorsment	-	(Same as open	rator)					-		_
2		AYTON ST (apt.	First	Middle	Addre	Las	t		First			Middl	e	
	City DORCH	ESTER	St	ate MA Zip 02121	City_						_State		Zip	_
	Insurance Com	pany PROGRES	SIVE DIRECT		Vehicle Action Prior to Crash 1 Damaged Area Code: (Circle Up to Three)							hree)		
	Vehicle Travel	Direction: N	S E X	sponding to Emergency?N	Event	Sequence 1 2	22 22	22	22 2		3		@	
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriag 5 11 Totaled							~				
	Violatio	n 1: ChSe	ec Violatio	on 2: ChSec	Driver Contributing Code 1 24 24									
			ec Violatio		Under	ride/Override	25	Towed			/	1 22 1	6	
	Pl Name (Last Fi		operator and al	l occupants involved Address		Age/DOB	Sex Po	26 27 at Safety os. System	28 Airbag Air Status Sv	bag Ejec vitch Coo	31 Trap de Code		33 ransp. Code Medical Fa	ncility
	Operator/	Non-Motorist		See Above				4	1 1	0	0	8 9	97 NEWTON-WELI	LESLEY



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 of	n next page)						
Witnesses:							
Name (Last, First, Middle)		Address			Phone :	#	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Dama	ged Property	
Truck and Bus Information:	Registration #		(From Vehic	ele Section)			25
Carrier Name					Carrier Issu	uing Authority Cod	e 35
Address			City		St	Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
	s Vehicle Weight	38			39		
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Length		
Hazmat Information:							
Placard 40 Material 1 digit #	41 Material Nar	ne		Material 4	digit #	_ Release code	42

	→ Direction	1 = Vehicle 1	2 =Vehicle 2	₽ Pedestriar	1	
Crash Diagram:	ie: →	1 -	2	₽Ŷ		
					If Crash <u>Did Not</u> on a Public Way:	_
					Off-Street Park	ing Lot
					☐ Garage	
					☐ Mall/Shopping	Center
	 	_	 		Other Private W	
		_			Indicate North by	Arrow
Crash Narrative:						
With the translation as	sistance of Offi	cer Calderon,	I spoke with	Marineyde,	who stated she was trav	reling
westbound on Washington	St., by the ent	rance to I90.	At this time	, she attemp	ted to change one lane	to the
left, when she struck B	rittany's vehicl	e in the rear	. Upon reques	ting her dri	ver's license, Marineyo	le stated
she did not have one						
Upon speaking to Britta	ny, she stated s	he was travel	ing westbound	on Washingt	on St., in the lane clo	sest to
the concrete island, ju	st before the en	trance of I90	. It was at the	his time tha	t Marineyde entered he	er lane,
striking her vehicle i	n the rear. Bri	ttany stated	she then pull	ed over and	exited her vehicle, pas	t the
on-ramp and it appeared	Marineyde initi	ally was goin	g to drive awa	ay without s	topping. Brittany then	began to
signal her to stop by w	aving both of he	er arms and Ma	rineyde parke	d behind her	. Brittany, a Spanish s	peaker
(Continue	d on next page)					
Witnesses:		1			1	-
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type De	escription of Damaged Property	
Truck and Bus Information:						
Carrier Name	Registration # _		(From V	ehicle Section)	Carrier Issuing Authority C	ode 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_	Traile	r Length	
Hazmat Information:	41					42
Placard Material 1 d	igit # Material	Name		Material 4 digi	it# Release code	72

38804

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

10/29/2021

Date

Precinct/Barracks

CHRISTOPHER G HOWES

Police Officer Name (Please Print)

	→ Direction 1	Vehicle 1 2	yehicle 2	₽ Pedestria	ın	
Crash Diagram:	ie: → 1	→ 2		→ ĝ		
				<u> </u> 	If Crash <u>Did Not</u> on a Public Way:	<u>Occur</u>
					Off-Street Parkir	ng Lot
					Garage	
	į	į	į	į	☐ Mall/Shopping C	Center
			+	- — — — + :	Other Private Wa	ay
				- — — 🕂	Indicate North by	Arrow
				+		
appeared as if she was elected to call The New she would drive herself Due to Marineyde admitt operation, the vehicle placed her under arress the was handcuffed behinder.	going to hit-and-ration Police. It shows to Newton-Welless ing to me that she being registered to the for violating or	run and becau buld be noted Ley Hospital; e was driving to Marineyde ne count of M	she signed without a : and no other	a patient relicense, Britar party being	rned that Marineyde initive a Driver's License, shalaining of neck pain and efusal. ttany witnessing said illing in her vehicle, I initiing With Out A License). for transport. Officer Care	stated legal
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damaged Property	
Truck and Bus Information: Carrier Name	Registration#		(From \	Vehicle Section)	Carrier Issuing Authority Co	ode 35
Address			City		St Zip	
	State Number		Issuing State	ICC #:	Interstate	36
Cargo Body Type Code 37	Gross Vehicle Weight	38			20	_ _
Trailer Reg #:	Reg Type	Reg State	Reg Year	r Trail	ler Length 39	

Material 4 digit # ____

Release code

Hazmat Information:

Placard

Material 1 digit #

Material Name_

	Direction 1	∃ Vehicle 1 2	=venicie 2	Pedestr	ian	
Crash Diagram:	ie: → 1	→ [2	□ →	▶ ♀		
			<u> </u> 	 		sh <u>Did Not</u> Occur Public Way:
	i i				п об	f-Street Parking Lot
					Ga	
						all/Shopping Center
					☐ Ot	her Private Way
	 		+-		Indica	ite North by Arrow
	 	<u> </u> 				
Crash Narrative:						
began to transport her to	Newton Police	Headquarters	. However, af	ter discu	ssing the matter	with Sergeant
Poutas, we came to the be	lief that the "i	in the office	r's presence"	element	of the crime wou	ıld likely not be
satisfied by the above, so	o Marineyde was	released for	thwith. She w	ill be re	ceiving MA Crimi	nal Citation:
T1445781 in the mail for	the above offer	nse, as she w	as already re	Leased fr	om the station p	orior to my
arrival. Officer Calderon	explained every	thing pertai	ning to the in	nitial ar	rest and that s	the will be
receiving the criminal ci	tation in the ma	ail.				
This rotary/intersection	is a particularl	ly dangerous	area, in which	n we resp	ond to many cra	sh reports. The
area where MA Pass: 1ZCM5	6 was parked, wa	as creating	a potential ha	azard for	motorists enter	ing the highway,
as well as the many motor:	ists who often e	exit the ramp	, where she wa	as parked	, to avoid accid	lentally entering
(Continued	on next page)					
W itnesses:						
Name (Last, First, Middle)		Address			Phone #	Statement
Property Damage:						
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description of Damage	ed Property
Truck and Bus Information:	Registration #		(From Veh	icle Section)		
Carrier Name			(110111 7 611		Carrier Issuir	ag Authority Code
Address			City		St	Zip
US DOT#:	State Number		Issuing State	ICC #:_		Interstate 36
Cargo Body Type Code 37 Gro	oss Vehicle Weight	38				
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tr	ailer Length 39	
Hazmat Information:	-					
Placard 40 Material 1 digit	# 41 Material Na	ame		_ Material 4	digit #	Release code 42

38804

Signature

ID/Badge #

NEWTON POLICE DEPARTM

Department

10/29/2021

Date

Precinct/Barracks

CHRISTOPHER G HOWES

Police Officer Name (Please Print)

•	→ Direction	1 = Ve	hicle 1	2 =Vehicle 2	₽ Pedestr	ian		
Crash Diagram:	ie: →[1	→[2	→ $\hat{\xi}$			
							If Crash Did Not Con a Public Way:	Occur
							Off Street Doubing	a I at
							☐ Off-Street Parking	g Lot
		_		<u> </u>			☐ Garage	
		_		 			☐ Mall/Shopping Ce	
							☐ Other Private Way	7
		_					Indicate North by A	rrow
							\bigcirc	
Crash Narrative:								
the highway. Because of t	chis, Todys Se	rvices	removed	the vehicle	١.			
Note: Washington St. is A	A Public Way i	n The C	City of	Newton. I	completed a	nd filed	an NPD Towed Motor	r
Vehicle Form and cleared	without furth	er inci	dent.					
Witnesses:		1	1				DI "	
Name (Last, First, Middle)		Add	lress				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	-				,	Ca	rrier Issuing Authority Cod	e 35
Address				City			t Zip	
US DOT #:								36
27	ross Vehicle Weight	38		15541115 54460 _			mersure	
							39	
Trailer Reg #:	Reg Type	F	Reg State	Reg Yes	ar Tra	ailer Length		
Hazmat Information: Placard 40 Material 1 digi	t # 41 Materia	ıl Name			Material 4	digit #	Release code	42
CHRISTOPHER G HOWES			3880)4	NEWTON POLICE DEPART!		10/29/20)21

ID/Badge #

Department

Signature

Precinct/Barracks

Date

Police Officer Name (Please Print)