

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/23/2021	Time of Crash 16:53 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 Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____							
WEST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			NOT AT INTERSECTION: Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000981	
License # _____ St <u>MA</u> DOB/Age _____			Reg # <u>4PWN19</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2006</u> Veh Make <u>FORD</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 _____			Operator <u>VIEIRA ZIMERER JOSE</u>			Owner <u>(Same as operator)</u>				
Address <u>85 MAIN ST (apt. 11)</u>			City <u>PEABODY</u> State <u>MA</u> Zip <u>01960</u>			Insurance Company <u>PERMANENT GENERAL ASSURANCE CORP OF O</u>				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>42</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) <u>T1445614</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>9</u> <u>24</u> <u>19</u> <u>24</u>			Underride/Override <u>25</u> Towed <u>Y</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			10 Undercarriage 5 11 Totaled	
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			-----			-----	
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 _____			Reg # <u>2676TL</u> Reg Type <u>PAN</u> Reg State <u>MA</u>			Veh Year <u>2013</u> Veh Make <u>TOYOTA</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 _____			Operator <u>WILLIAMS MICHELLE</u>			Owner <u>(Same as operator)</u>				
Address <u>7 BROOK RD</u>			City <u>MILTON</u> State <u>MA</u> Zip <u>02186</u>			Insurance Company <u>LIBERTY MUTUAL INSURANCE COMPANY</u>				
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u>			Damaged Area Code: (Circle Up to Three)				
Citation # (If Issued) _____			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>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			10 Undercarriage 5 11 Totaled	
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			-----			-----	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Beacon St

Vehicle 1

Vehicle 2

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:

Upon arrival, vehicle 1 was on the median facing Northbound on Beacon St at the intersection of Beacon St and Washington St. There was damage to the front drivers side bumper. Vehicle 2 was facing Southbound on Beacon St at the intersection of Beacon St and Washington St. There was heavy damage to the front bumper of Vehicle 2 and it was leaking fluid.

Operator 1 stated through a translation device on his cell phone, "Look, I was coming slowly when I was going down the curve and the car lost the brake, I didn't have it." When queried through dispatch, it came back that operator 1 was unlicensed.

(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

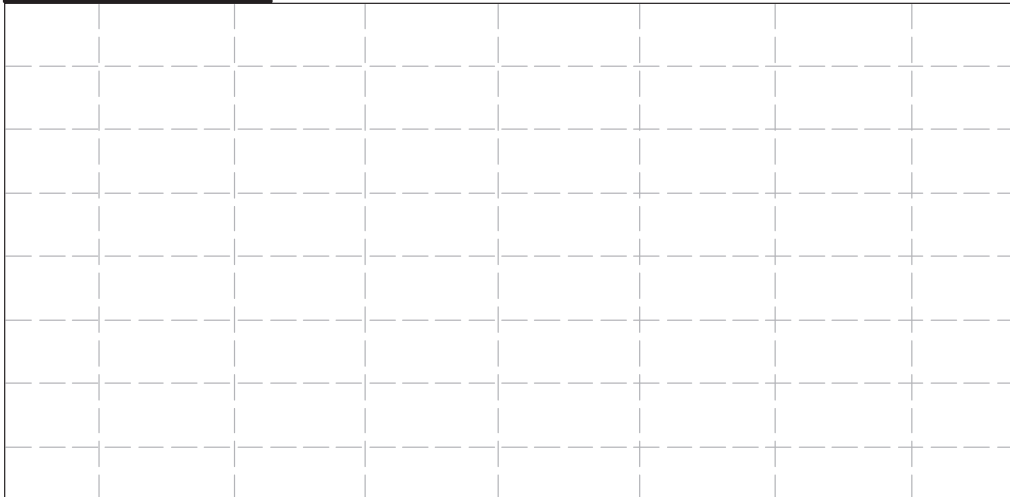
Hazmat Information:

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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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:

Operator 2 stated she was traveling on Washington St and taking a left turn to head Southbound on Beacon St when vehicle 1 drove over the median and crashed into her head on.

Both vehicles were towed by Tody's towing. It appeared that the brakes on vehicle 1 were functioning properly when Tody's towing moved the vehicle.

Operator 1 and 2, both signed patient refusals with Fallon Medics. Operator 1 was handed Massachusetts Uniform Citation#T1445614 in hand for Unlicensed Operation (Incident report# 21049086).

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

ROBERT DRAGONE

NEWTON POLICE DEPT.

11/23/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date