

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/27/2021	Time of Crash 10:52 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 1061 WASHINGTON ST 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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000994	
License # _____ St _____ DOB/Age --- --			Reg # 8DJ572		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2016		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator NOGUEIRA DE MED MESSIAS Last First Middle			Owner MARQUES		TAEICISIO		First Middle			
Address 5 HUNTER ST			Address 5 HUNTER ST		First Middle		City NEWTON		State MA Zip 02465	
City NEWTON State MA Zip 02465			City NEWTON		State MA Zip 02465		Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)	
Insurance Company GEICO			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>22</u> <u>23</u>		Driver Contributing Code <u>11</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed Y	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) T2080809		Violation 1: Ch <u>90</u> <u>10</u> <u>4</u> 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 1 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 MA DOB/Age --- --			Reg # 1TSY85		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2009		Veh Make FORD		Veh Config. <u>2</u> <u>20</u>			
Operator AGRAMONTE ELIZABETH Last First Middle			Owner (Same as operator)		Last First Middle		City _____		State _____ Zip _____	
Address 13 JUDITH LN. (apt. 2)			Address _____		First Middle		City _____		State _____ Zip _____	
City WALTHAM State MA Zip 02452			Vehicle Action Prior to Crash <u>4</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)		Event Sequence <u>97</u> <u>22</u> <u>22</u> <u>22</u>		Most Harmful Event <u>97</u> <u>23</u>	
Insurance Company GEICO			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		Underride/Override <u>25</u> Towed Y		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____							
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    → Pedestrian

Crash Diagram:

1049 washington st

eddy st

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:

ON 11-27-21 AT APPROX. 1052HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1049 WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING W-BOUND ON WASHINGTON ST. HE STATES VEHICLE #2 PULLED IN FRONT OF HIM CUTTING HIM OFF AND IN AN EFFORT TO AVOID HITTING HER HE STRUCK A UTILITY POLE IN FRONT OF 1049 WASHINGTON ST. VEHICLE #2 STATES SHE WAS DRIVING E-BOUND ON WASHINGTON ST ATTEMPTING TO TURN LEFT ONTO EDDY ST. DRIVER STATES SHE SAW VEHICLE #1 APPROACHING BUT HE WAS FAR ENOUGH AWAY FOR HER TO TURN LEFT. DRIVER #2 STATES VEHICLE #1 SPED UP AS SHE WAS TURNING AND SWERVED LEFT AVOIDING HITTING HER AND WENT ACROSS THE E-BOUND LANE EVENTUALLY STOPPING WHEN HE CRASHED INTO THE UTILITY POLE IN FRONT OF 1049 WASHINGTON ST. VEHICLE #1 HAD EXTENSIVE FRONT END DAMAGE AND FRONT AIRBAG DEPLOYMENT. VEHICLE #2 HAD NO DAMAGE AND WAS NOT INVOLVED IN THE ACCIDENT. BOTH PARTIES REPORTED NO INJURIES. DRIVER #1

(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
, EVERSOURCE,	,		4	UTILITY POLE

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

THOMAS P WALSH

NEWTON POLICE DEPTA

11/27/2021

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

→ 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:

WAS EVALUATED BY MEDICS AND SIGNED A PATIENT REFUSAL. VEHICLE #1 WAS TOWED BY TODYS. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. THE UTILITY POLE AT 1049 WASHINGTON ST WAS CUT IN HALF AS A RESULT OF THE CRASH. THE BOTTOM HALF WAS ON THE GROUND. THE TOP HALF WAS AIRBORNE AND HELD UP BY THE ATTACHED WIRES. EVERSOURCE ARRIVED ON SCENE TO FIX THE POLE. DRIVER OF VEHICLE #1 STATED HE DID NOT HAVE A LICENSE AND OFFERED ME A BRAZILIAN PASSPORT. I CITED THE DRIVER ( CITATION NUMBER# T2080809 ) FOR 90/10 UNLICENSED OPERATOR. DRIVER GIVEN CITATION IN HAND. I FILED FOR A CRIMINAL APPLICATION FOR THE OFFENSE. CLEARED WITHOUT FURTHER INCIDENT.

WASHINGTON ST IS A PUBLIC WAY IN THE CITY OF NEWTON.

#### 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

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Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

THOMAS P WALSH

NEWTON POLICE DEPART

11/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date