

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/03/2022	Time of Crash 08:54 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 1	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: _____				
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>							
<div>1 1</div> Route# _____ Direction _____ Name of Roadway/Street _____ At _____			<div>2 9</div> <div>2 10</div> <div>11 1</div> <div>EAST 241 NAHANTON ST</div> <div>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____</div> <div>Mile Marker _____ Exit Number _____</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</div> <div>Route# _____ Intersecting Roadway/Street _____</div> <div>Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</div> <div>Landmark _____</div>									
<div>2 2</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												
<div>3</div> Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												
<input checked="" type="checkbox"/> Vehicle 1 #Occupants _____			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000005					
License # _____ St MA DOB/Age _____			Reg # 678XP2		Reg Type PAN		Reg State MA					
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2014		Veh Make HONDA		Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20					
<div>4 1</div> Operator TEIXEIRA KEVIN ANDRADE			<div>3 12</div> Owner (Same as operator)									
Address 200 WARREN AVE (apt. 3)			Address _____									
City BROCKTON State MA Zip 02301			City _____ State _____ Zip _____									
Insurance Company GEICO			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three)									
<div>5</div> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		<div>10 Undercarriage 5 11 Totaled</div>							
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 21 <input type="checkbox"/> 23									
<div>6 1</div> Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y									
Please fill out for operator and all occupants involved			<div>13 21</div>									
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			-----									
<div>7 1</div> Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants _____			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14		Action <input type="checkbox"/> 15		Location <input type="checkbox"/> 16		Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # _____		Reg Type _____		Reg State _____					
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year _____		Veh Make _____		Veh Config. <input type="checkbox"/> 20					
<div>8 1</div> Operator _____			Owner _____									
Address _____			Address _____									
City _____ State _____ Zip _____			City _____ State _____ Zip _____									
Insurance Company _____			Vehicle Action Prior to Crash <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)							
<div>Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____</div>			Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		<div>10 Undercarriage 5 11 Totaled</div>							
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed _____									
Please fill out for operator and all occupants involved			<div>13 21</div>									
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:**

CHARLES RIVER GOLF COURSE

NAHANTON STREET

678XP2

678XP2

UNKNOWN MV

UNKNOWN MV

678XP2

678XP2

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 Monday 1/3/22 at approximately 0854 hours while assigned to marked unit n498 I was dispatched to the area of 241 Nahanton Street for a report of a single car crash, motor vehicle into a tree with unknown injuries. Upon arrival I spoke with the operator, TEIXEIRA Kevin, who was standing outside of his vehicle and uninjured. TEIXEIRA states he was driving eastbound on Nahanton street and coming around the bend when he observed a motor vehicle in the westbound lane swerve to avoid something. When the other motor vehicle swerved it crossed the double yellow line and entered the eastbound lane coming at TEIXEIRA head on. TEIXEIRA states to avoid contact with the oncoming vehicle he swerved into the Westbound lane of Nahanton Street going off the road and striking several trees. TEIXEIRA states he was unable to observe a license plate number or what type of car crossed the double yellow

(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

ALAN JR RICHARD SOLOMAN.      NEWTON POLICE DEPARTM      01/03/2022

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

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

line. TEIXEIRA states everything happened very quickly which prevented him from getting any other information. He states one motor vehicle pulled over and inquired if he was injured, but did not see what happened. TEIXEIRA further states the motor vehicle that swerved into his lane never stopped.

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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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

01/03/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date