

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/26/2022		Time of Crash 17:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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:							
NAHANTON ST													
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street									
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street									
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000073							
License # --- St MA DOB/Age ---				Reg # 35JM51 Reg Type PAN Reg State MA									
Sex M Lic. Class 99 18 99 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021 Veh Make CHEVY Veh Config. 1 20									
Operator DA SILVA JEZREEL				Owner COSTA FLAVIA									
Address 10 BICKFORD AVE				Address 10 BICKFORD AVE									
City LOWELL State MA Zip 01852				City LOWELL State MA Zip 01852									
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) T1447838				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 20 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
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 4 99 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age ---				Reg # 826HG8 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make NISS Veh Config. 1 20									
Operator SERI LEORA				Owner (Same as operator)									
Address 91 SADYS LN				Address									
City EAST FALMOUTH State MA Zip 02536				City State Zip									
Insurance Company STANDARD FIRE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued)				Most Harmful Event 1 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6					
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 99 0 0 10 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Wells Ave  
Nahanton Street  
Winchester Street

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:**

Operator of MV1 while proceeding W/B on Nahanton Street distracted by cell phone rear-ended MV2 while stopped at red light at Nahanton Street and Winchester Street.

Operator MV1 and Operator MV2 both stated they were uninjured and declined EMS.

MV1 and MV2 sustained no damage and were driven away.

Operator MV1 cited on Massachusetts Uniform Citation T1447838 for 90/10-Unlicensed Operation on public way.

Owner of MV1 Flavia Costa (S74550628) arrived on scene and took possession of MV1.

**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