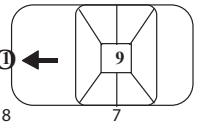
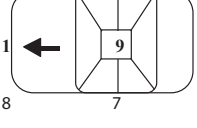


## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/02/2022	Time of Crash 11:37 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 210 NAHANTON STREET 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 _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000098					
License # _____ St MA DOB/Age _____			Reg # 8SP172 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make BMW Veh Config. 2			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____					
Operator NOVAIS EDUARDO Last First Middle			Owner BMW FINANCE Last First Middle			Address 5550 BRITTON PKWY City HILLIARD State OH Zip 43026			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)					
Address 69 CLIFTON RD City NEWTON State MA Zip 02459			Insurance Company GEICO			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 40 22 22 22 22 2 3 4					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 97 23			Driver Contributing Code 99 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Diagram: 			10 Undercarriage 11 Totaled					
Please fill out for operator and all occupants involved										13 97				
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 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 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____			Reg # EV5791 Reg Type PAS Reg State MA			Veh Year 2018 Veh Make SMART Veh Config. 1			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____					
Operator CAINE CLAIRE Last First Middle			Owner DAIMLER TRUST Last First Middle			Address BOX 685 City ROANOKE State TX Zip 76262-0000			Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three)					
Address 40 LITTLEFIELD RD City NEWTON State MA Zip 02459			Insurance Company THE HANOVER INSURANCE CO			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 51 22 22 22 22 2 3 4					
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 51 23			Driver Contributing Code 6 24 24					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			Diagram: 			10 Undercarriage 11 Totaled					
Please fill out for operator and all occupants involved										13				
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			-----		---		99 4 4 0 0 10 1				



→ 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:

concerned about damage to his vehicle. Although there was no physical body damage to his vehicle there was a message displayed on his dashboard stating there could be issues with the Chassis and he should schedule maintenance right away. NOVAIS further states he could feel something unusual with the steering, but felt the vehicle was safe to drive as he lived close to Nahanton Street.

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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 DEPARTM

02/02/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date