

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 04/23/2022		Time of Crash 13:57 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 384 WALTHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000338			4	
1				License # --- St MA DOB/Age ---		Reg # 4RGA69		Reg Type PAN		Reg State MA		12		
4				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement _____		Veh Year 2010		Veh Make TOYOTA		Veh Config. 1 20		1		
1				Operator DOS SANTOS SILVA ROBSON Last First Middle		Owner (Same as operator)		Last First Middle		Address _____				
				Address 61 HOWARD ST (apt. 1)		Address _____		City _____ State MA Zip 02451		City _____ State _____ Zip _____				
5				Insurance Company THE COMMERCE INSURANCE COMPANY		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						
2				Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N		Event Sequence 1 22 22 22 22 2		Most Harmful Event 1 23		Driver Contributing Code 3 24 24				
6				Citation # (If Issued) T1271201		Underride/Override 25 Towed N		8 7 6		10 Undercarriage 5 11 Totaled				
1				Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____										
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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				See Above				-----		---		1 4 4 0 0 10 1		NONE
FIELDS, AMIE								-----		F		9 1		NONE
7													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 ---														
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____														
Endorsement _____														
Operator SCHMIDT MAREN ALYSE														
Last First Middle														
Address 15 DEXTER ST (apt. 1)														
City WALTHAM State MA Zip 02453														
Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANC														
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N														
Citation # (If Issued) _____														
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____														
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														
Reg # 494FR7 Reg Type PAN Reg State MA														
Veh Year 2005 Veh Make TOYOTA Veh Config. 1 20														
Owner MARTIN RYAN														
Last First Middle														
Address 15 (apt. 1) DEXTER ST														
City WALTHAM State MA Zip 02453														
Vehicle Action Prior to Crash 1 21														
Damaged Area Code: (Circle Up to Three)														
Event Sequence 1 22 22 22 22 2														
Most Harmful Event 1 23														
Driver Contributing Code 1 24 24														
Underride/Override 25 Towed N														
8													2	
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		NONE

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

384 Waltham St

N

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:

The operator of Vehicle #1 stated that he believed that Vehicle #2 was attempting to park as he attempted to overtake the vehicle on the left side.

The operator of Vehicle #2 stated that she was attempting to make a left turn on Eliot St when she collided with Vehicle #1 as he attempted to overtake her vehicle.

All parties denied medical attention when it was offered, a Lyft passenger in Vehicle #1 complained of a pain in her side as a result of the collision, but declined medical attention several times.

The operator of Vehicle #1 produced a Massachusetts ID, and an expired Florida Driver's License. A routine query could not find an active Driver's License for him. He was cited for a violation of M.G.L. Ch. 90/10-Operating Without a License. As his vehicle's registration was active, and it was in a valid parking

(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

DECLAN G HEALY NEWTON POLICE DEPART 04/23/2022

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

Vehicle 1

2

Vehicle 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:

spot, he was allowed to leave it to await a licensed operator to drive it.

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

Gross Vehicle Weight

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placa

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

DECLAN G HEALY

NEWTON POLICE DEPARTMENT

04/23/2022

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____