

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/14/2022		Time of Crash 14:29 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:						9	
Route# Direction Name of Roadway/Street At				16 EAST 347 WATERTOWN ST								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Mile Marker _____ Exit Number _____								11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street TOMMY DOYLES								3	
Route# Direction Name of Intersecting Roadway/Street				Landmark _____									
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000399					
License # _____ St _____ DOB/Age _____				Reg # 831ZY8				Reg Type PAN		Reg State MA			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2021				Veh Make CHEV		Veh Config. 2 20			
Operator _____				Owner COLON ELIZABETH				Last First Middle				12	
Address _____				Address 89 (apt. 2215) NEEDHAM ST				Last First Middle					
City _____ State _____ Zip _____				City NEWTON				State MA		Zip 02459			
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W 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												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												2	
Operator See Above													
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 # 2HRN56				Reg Type PAN		Reg State MA			
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2007				Veh Make TOYOTA		Veh Config. 2 20			
Operator PEREIRA ANA CARDOSO				Owner (Same as operator)				Last First Middle					
Address 18 LAKESHORE GARDENS (apt. 809)				Address _____				Last First Middle					
City NATICK State MA Zip 01760				City _____ State _____ Zip _____									
Insurance Company FOREMOST				Vehicle Action Prior to Crash 10 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 2 22 22 22 22				3 4					
Citation # (If Issued) _____				Most Harmful Event 2 23				10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 10 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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#354 WATERTOWN ST

WATERTOWN ST

Unit 1

Unit 2

TOMMY DOYLES

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 May 14th, 2022 at approximately 14:29 hours while assigned to N491 I responded to a MV crash near #347 Watertown St.

On my arrival I located both involved vehicles on Watertown St near Tommy DoYLES.

Vehicle #1 was parked in front of #354 Watertown St, a 2021 Gray Chevy Trailblazer, MA reg. 831ZY8. Owner Elizabeth Colon.

Ms Colon reported she parked her vehicle across the street from Tommy DoYLES, #349 Watertown St when vehicle #2 struck her vehicle. Unidentified witness alerted Ms Colon that they observed vehicle #2 hit her vehicle.

Vehicle #2 was a RED 2007 Toyota RAV4, MA plate 2HRN56, operated by Ana Cardoso Pereira. She stated she was attempting to park behind vehicle #1 when she accidentally hit her accelerator instead of her brake causing her

(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

THOMAS J MCCARTHY NEWTON POLICE DEPARTMENT 05/14/2022

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

CDP1 11 -24-00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
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:

vehicle to go forward into the rear drivers side to vehicle #1.

Note Ms Colon translated the above statement due to Ms Pereira only speaking Spanish.

There were no tows required and no injuries.

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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

05/14/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date