

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/07/2019	Time of Crash 14:28 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
NORTH BULLOUGH PK Route# Direction Name of Roadway/Street At EAST MILL ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000028		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator AGUILAR LUIS Address 75 SPENCER AVE (apt. 2) City CHELSEA State MA Zip 02150 Insurance Company GOVT EMPLOYEE			Reg # 3SH658 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 1 20 Owner LOPEZ-ALFARO MILDRED Address 75 (apt. 2) SPENCER AVE City CHELSEA State MA Zip 02150 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 1 22 1 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed Y								
Vehicle Travel Direction: N S X W Responding to Emergency? _____ Citation # (If Issued) T1272109 Violation 1: Ch 90/234 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled 7 6								
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								
Operator See Above			1 1 1 0 0 5 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 _____ Operator LEE MICHELLE Address 35 COLONIAL AVE City NEWTON State MA Zip 02460 Insurance Company COMMERCE			Reg # 7FH921 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HYUNDAI Veh Config. 2 20 Owner LEE JEANETTE Address 36 COLONIAL AVE City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 1 22 1 22 1 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed Y								
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Operator/Non-Motorist See Above			1 4 4 0 0 5 1								

→ 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:

Michelle Lee was operating vehicle #2 N/B on Bullough Pk at Mill St. Lee states that she stopped at the stop sign and then attempted to take a left turn onto Mill St. At that time Lee states that vehicle #1 struck her on the left side.

Luis Aguilar was operating vehicle #1 E/B on Mill St. Aguilar states that vehicle #2 pulled out in front of him as he was driving straight. A check with the RMV revealed that Aguilar's license is suspended. Aguilar was issued citation # T1272109 Ch. 90 Sec 23 Operating after suspension.

No injuries both vehicles towed.

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

STEPHEN T COTTENS **NEWTON POLICE DEPARTMENT** **01/07/2019**

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

CDP1 11 24:00