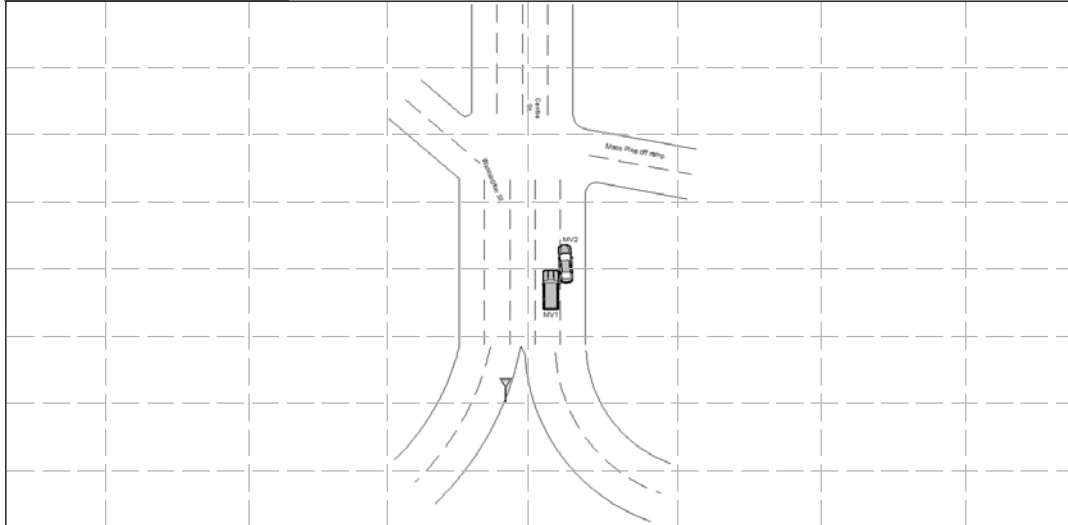


Police Use Only			Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 01/09/2019		Time of Crash 18:06		City/Town NEWTON		Motor Vehicle Crash Police Report					Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:										
<div>WEST WASHINGTON ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH CENTRE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>												2 9
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000035												2 10
License # --- St MA DOB/Age ---						Reg # 316SXN Reg Type PAN Reg State MA						Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment						2 11
Operator IONTA JOHN						Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20						Owner (Same as operator)						1 12
Address 44 GRANDVIEW RD						City ARLINGTON State MA Zip 02476						Insurance Company COMMERCE INS.						1 13
Vehicle Travel Direction: N S E X Responding to Emergency?						Event Sequence 1 22 22 22 22						Most Harmful Event 1 23						1 14
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 19 24 24						Underride/Override 25 Towed N						1 15
Violation 3: Ch Sec Violation 4: Ch Sec						Vehicle Action Prior to Crash 5 21						Damaged Area Code: (Circle Up to Three)						1 16
Citation # (If Issued)						10 Undercarriage 11 Totaled						Please fill out for operator and all occupants involved						1 17
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						Operator						1 18
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						1 19
<div>License # --- St NJ DOB/Age ---</div> <div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div> <div>Operator SANTOS-BONILLA HENRY L</div> <div>Address 5 4TH ST (apt. 2)</div> <div>City N. ARLINGTON State NJ Zip 07031</div> <div>Insurance Company PROGRESSIVE INS.</div> <div>Vehicle Travel Direction: N S E X Responding to Emergency?</div> <div>Citation # (If Issued)</div> <div>Violation 1: Ch Sec Violation 2: Ch Sec</div> <div>Violation 3: Ch Sec Violation 4: Ch Sec</div>						<div>Reg # A82JGB Reg Type PAN Reg State NJ</div> <div>Veh Year 2017 Veh Make HONDA Veh Config. 1 20</div> <div>Owner (Same as operator)</div> <div>Address</div> <div>City State Zip</div> <div>Vehicle Action Prior to Crash 5 21</div> <div>Damaged Area Code: (Circle Up to Three)</div> <div>Event Sequence 1 22 22 22 22</div> <div>Most Harmful Event 1 23</div> <div>Driver Contributing Code 19 24 24</div> <div>Underride/Override 25 Towed N</div>						1 20						
Please fill out for operator and all occupants involved						Operator/Non-Motorist See Above						Operator/Non-Motorist						1 21

→ 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:

On 01/09/2019, at 1806 hrs, I responded to Washington St. on the Mass Pike overpass for a two car MVA. Upon arrival, I observed MV1 to have damage to the front passenger side and MV2 to have damage to the drivers side. No injuries were reported.

The area of Washington St where the accident occurred is five lanes across in the same direction. The operator of MV1 stated he was attempting to change lanes to his right when he collided with MV2. The operator of MV2 stated he was attempting to change lanes to his left when he collided with 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 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