

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 01/19/2019	Time of Crash 18:30 24HR	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:					
AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
Route# Direction Name of Roadway/Street At		SOUTH 423 LEXINGTON ST Route# Direction Address # Name of Roadway/Street		9	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		Feet N S E W of Mile Marker Exit Number		2 10	
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street		11	
		Feet N S E W of Landmark		2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
Case Number		190000071			
License # --- St MA DOB/Age ---		Reg # 399YNJ Reg Type PAN Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment		Veh Year 2013 Veh Make JEEP Veh Config. 2 20			
Operator WERTZ MICHELLE Last First Middle		Owner (Same as operator) Last First Middle		12	
Address 25 NORMANDY RD		Address		1	
City NEWTON State MA Zip 02466		City State Zip			
Insurance Company USAA CASUALTY INS		Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: N X E W Responding to Emergency?		Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23		10 Undercarriage 11 Toted	
Citation # (If Issued)		Driver Contributing Code 1 24 24 Underride/Override 25 Towed N		6	
Violation 1: Ch 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		5 1		2	
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	
<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---		Reg # 7JP717 Reg Type PAN Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Endorsment		Veh Year 1999 Veh Make FORD Veh Config. 2 20			
Operator SIAN LOPEZ ARIEL Last First Middle		Owner SIAN LOPEZ ABNER Last First Middle			
Address 154 WILLOW ST		Address 26 (apt. 2) GARDEN LANE			
City WALTHAM State MA Zip 02453		City WALTHAM State MA Zip 02452			
Insurance Company STANDARD FIRE INS		Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: N X E W Responding to Emergency?		Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23		10 Undercarriage 11 Toted	
Citation # (If Issued) T1440626		Driver Contributing Code 10 24 24 Underride/Override 25 Towed N		6	
Violation 1: Ch 90/24/C Sec Violation 2: Ch 90/10/A Sec					
Violation 3: Ch 90/24/P 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/Non-Motorist See Above		99 4 99 0 0 5 1		2	

→ 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:

of the accident was the vehicle owner's brother. I spoke with Operator of MV#2 on the phone and he stated that the road was icy and slippery due to snow and he crashed into the back of MV#1. He stated he was nervous and thought he had only hit the sidewalk curb. Operator of MV#2 was issued citation T1440626 by mail for 90/24C Leaving the Scene of Property Damage, 90/10A Unlicensed Operation and 90/24 Use of MV Without Authority. He stated the vehicle suffered minor damage to the front.

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

MEGHAN E MCLEAN

38801

NEWTON POLICE DEPART

01/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date