

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/23/2019	Time of Crash 06:50 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:							
WEST COMMONWEALTH AVE Route# Direction Name of Roadway/Street At WEST TEMPLE 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 190000099					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SEIDMANN JONATHAN S Address 32 WESSEX RD City NEWTON State MA Zip 02459 Insurance Company LIBERTY MUTUAL			Reg # 49FX57 Reg Type PAN Reg State MA Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Vehicle Travel Direction: N S E X Responding to Emergency? _____ Citation # (If Issued) _____ 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- 1 4 4 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 XX DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 99 19 CDL _____ Operator MALDONADO FRANCISCO Address 37 FLINT ST (apt. 1) City SOMERVILLE State MA Zip 02145 Insurance Company COMMERCE INSURANCE			Reg # 1JN799 Reg Type PAN Reg State MA Veh Year 2011 Veh Make HONDA Veh Config. 2 20 Owner DOSSANTOS MIRELE Address 37 (apt. 1) FLINT ST City SOMERVILLE State MA Zip 02145 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 4 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Vehicle Travel Direction: N S E X Responding to Emergency? _____ Citation # (If Issued) T1440803 Violation 1: Ch 90/10/A 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- 1 2 4 0 0 5 1									

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Final Resting Position

Temple Street

Commonwealth Ave

NOT TO SCALE

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 OP. of MV#1 states while travelling westbound on Commonwealth Ave., MV#2 suddenly came out of the side and they collided together.

The OP. of MV#2 states he was on Temple Street waiting to cross Commonwealth Ave to continue on Temple Street. He did not see any oncoming vehicles and drove forward, but collided with MV#1.

The OP. of MV#2 only had an El Salvador drivers license that expired in 2009. He states he has lived in the U.S. for a long time and is in the process of getting his legal status from marrying a U.S. citizen.

Commonwealth Ave and Temple Street are both public ways in the City of Newton.

**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