

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 02/21/2019		Time of Crash 14:27 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		
AUBURN ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
COMMONWEALTH AVE						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11		
Route# Direction Name of Intersecting Roadway/Street						Landmark						2		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000206						
License # --- St MA DOB/Age ---				Reg # BNXY16		Reg Type PAS		Reg State FL						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018		Veh Make TOYOTA		Veh Config. 1 20						
Operator RIBEIRO MARCOSPALO				Owner EAN HOLDINGS LLC									12	
Address 301 GREAT ROAD (apt. A10)				Address 14002 (apt. 1500) EAST 21ST ST										
City ACTON State MA Zip 01720				City TULSA State OK Zip 74134										
Insurance Company EAN				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24		1 2 3 4 5 6 7 8 9 10 Undercarriage								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		1 2 3 4 5 6 7 8 9 10 Undercarriage								
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					1	
Operator See Above				-----		1 4 99 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 NY DOB/Age ---				Reg # GKM7542		Reg Type PAS		Reg State NY						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013		Veh Make HONDA		Veh Config. 1 20						
Operator WILSON JOHN				Owner TOUGER NAOMI										
Address 469 51ST STREET (apt. 2)				Address 469 (apt. 2) 51ST STREET										
City BROOKLYN State MA Zip 11220				City BROOKLYN State NY Zip 11220										
Insurance Company UNKNOWN				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 Undercarriage								
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N		1 2 3 4 5 6 7 8 9 10 Undercarriage								
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				-----		1 4 99 0 0 5 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

COMM AVE

RT 95 EXIT 24

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:

OPERATOR OF MV 1 STATED HE WAS TRAVELING NORTH OFF OF THE RT 95 EXIT RAMP (EXIT 24) AT COMMONWEALTH AVE WHEN HE CAME TO A STOP BEFORE HE TURNED RIGHT ONTO COMMONWEALTH AVE. HE WAS STRUCK IN THE REAR BY MV 2 WHO WAS BEHIND HIM CAUSING MINOR DAMAGE TO HIS REAR BUMPER AND NO INJURIES WERE REPORTED.

OPERATOR OF MV 2 WAS TRAVELING BEHIND MV 1 AND STRUCK MV 1 UIN THE REAR WHEN HE CAME TO A STOP. MINOR DAMAGE SUSTAINED AND NO INJURIES WERE REPORTED.

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