

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 02/25/2019	Time of Crash 10:31 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 35 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 300 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet N S E W of _____ Landmark _____								11	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000213		2	
License # _____ St MA DOB/Age _____			Reg # T98504 Reg Type CON Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make MERCEDES Veh Config. 2 20		12	
Operator AYALA GILBERTO Last First Middle			Owner FIVE STAR MOVERS Last First Middle			City CHELSEA State MA Zip 02150			City BRIGHTON State MA Zip 02135		1	
Address 174 WEBSTER AVE (apt. 2)			Address 140 TREMONT ST			Insurance Company ARBELLA PROTECTION			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		13	
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		1	
Citation # (If Issued) _____			Underride/Override 25 Towed N			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		1	
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility								1	
Operator			See Above									
AYALY-MELENDEZ, CHRISTOPHER			174 WEBSTER AVE (apt 2) CHELSEA, MA 02150			M 3 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 MA DOB/Age _____			Reg # T12376 Reg Type CON Reg State MA			Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make CHEVY Veh Config. 2 20			
Operator QUILL GREGORY Last First Middle			Owner HYDROTECH Last First Middle			City MANSFIELD State MA Zip 02048			City BRAINTREE State MA Zip 02184			
Address 250 ELM STREET			Address 121 HANCOCK ST			Insurance Company UNION INSURANCE CO			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 24			
Citation # (If Issued) _____			Underride/Override 25 Towed Y			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			Name (Last First Middle) Address Age/DOB Sex Seat Pos. 26 Safety System 27 Airbag Status 28 Airbag Switch 29 Eject Code 30 Trap Code 31 Injury Status 32 Transp. Code 33 Medical Facility									
Operator/Non-Motorist			See Above			1 1 1 0 0 5 1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

WASHINGTON STREET

300 WASHINGTON STREET

Unit 1

Unit 2

P.O.I.

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 operator of MV1 (ma con T98504) was traveling WB on Washington Street attempting to take a left into 300 Washington Street when his MV was rear ended. Operator of MV stated he was letting a vehicle exit from 300 Washington Street and had come to a complete stop when his vehicle was struck from behind.

The operator of MV2 (ma con T12376) stated he was traveling WB on Washington Street and was unable to come to a complete stop before striking the rear of MV1.

Air bags were deployed in MV2. The operator of MV2 stated he felt fine. Ambulance two and Ladder 3 were dispatched to the scene to evaluate the operator. Operator of MV2 signed a refusal. The other parties involved were uninjured. Tody's was also called on scene to tow MV2 as it sustained heavy front end damage and was not drive able. MV1 sustained minor damage to rear door and bumper but was able to operator without

(Continued on next page)

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

