

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/02/2019		Time of Crash 03:31 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 1	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 _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		WEST 194 COMMONWEALTH AVE						2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____		Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____						10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Route# _____ Direction _____ Name of Intersecting Roadway/Street _____		Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____						11	
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000223			
4				License # _____ St MA DOB/Age _____		Reg # 8PS769		Reg Type PAN		Reg State MA		12	
1				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____		Veh Year 2018		Veh Make HONDA		Veh Config. 1 20			
5				Operator GONZALES DANIEL P Last First Middle		Owner (Same as operator)		Last First Middle					
6				Address 57 LEXINGTON ST		Address _____		City _____ State MA Zip 02472		City _____ State _____ Zip _____			
1				Insurance Company GOVT EMPLOYEE		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
1				Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____		Event Sequence 23 22 22 22 22 2		Most Harmful Event 23 23		Driver Contributing Code 2 24 9 24		13	
1				Citation # (If Issued) T1441605		Underride/Override 25 Towed Y		Towed Y				23	
1				Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/17G Sec _____									
1				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
1				Please fill out for operator and all occupants involved									
1				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		-----		99 1 1 0 0 3 1					
1													
1													
1													
1				Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants		<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
1				License # _____ St _____ DOB/Age _____		Reg # _____		Reg Type _____		Reg State _____			
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment _____		Veh Year _____		Veh Make _____		Veh Config. 20			
1				Operator _____ Last First Middle		Owner _____ Last First Middle		Address _____		City _____ State _____ Zip _____			
1				Address _____		Address _____		City _____ State _____ Zip _____		City _____ State _____ Zip _____			
1				Insurance Company _____		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
1				Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____		Event Sequence 22 22 22 22 22 2		Most Harmful Event 23		Driver Contributing Code 24 24		13	
1				Citation # (If Issued) _____		Underride/Override 25 Towed _____		Towed _____				23	
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____									
1				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
1				Please fill out for operator and all occupants involved									
1				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/Non-Motorist See Above		-----		-----					
1													
1													
1													

→ 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:

MV#1 stated while traveling westbound on Commonwealth Ave he closed his eyes for a few moments causing his vehicle to veer to the right. MV#1 drove up on the curb and struck a overhanging street light. MV#1 sustained heavy front end damage as well as uprooting the overhanging street light.

Operator of MV#1 stated he had minor injuries and signed a patient refusal.

Operator of MV#1 was given the following roadside tests, due to the time and circumstances of the incident.

Horizontal Gaze Nystagmus - Pass

One Leg Stand - Pass

Walk And Turn - Pass

Operator of MV#1 showed no signs of impairment.

(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
, CITY OF NEWTON,	, MASSACHUSETTS		4	LIGHTPOLE

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

SCOTT SIEGAL

NEWTON POLICE DEPART

03/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

