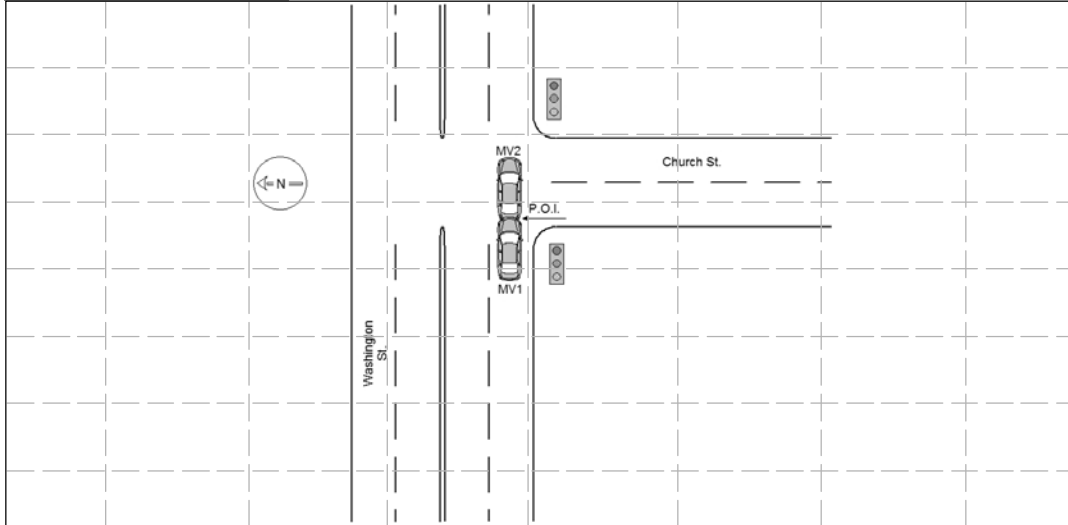


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/09/2019	Time of Crash 01:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:							
EAST WASHINGTON ST. Route# Direction Name of Roadway/Street At CHURCH 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 1900000254					
License # --- St MA DOB/Age -- -- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator RODRIGUEZ WALTER Last First Middle Address 92 VERNAL ST (apt. 1) City EVERETT State MA Zip 02149 Insurance Company GOVT EMPLOYEE INS			Reg # 827SD4 Reg Type PAN Reg State MA Veh Year 2013 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Last First Middle Address City State Zip Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled									
Vehicle Travel Direction: N S X W 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									
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 See Above ----- --- 99 4 4 0 0 5 1 NONE									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment Operator ROSADO ANA I Last First Middle Address 31 THAYER RD City BELMONT State MA Zip 02478 Insurance Company METROPOLITAN PROP			Reg # 928DZ6 Reg Type PAN Reg State MA Veh Year 2004 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Last First Middle Address City State Zip Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled									
Vehicle Travel Direction: N S X W 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									
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 ----- --- 99 4 4 0 0 5 1 NONE									
VEGA, BETTY			9 FLOOD ST WALTHAM, MA 02453		--- --- F 3 99 4 4 0 0 3 1 NONE							

→ 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:

On 03/09/2019, at 0117 hrs, I responded to Washington St. at Church St. for a two car MVA. Upon arrival, I observed both vehicles facing the same direction in the outer eastbound lane of Washington St. MV1 had moderate damage to the front end and MV2 had heavy damage to the rear end. The operator of MV1 stated that as he was approaching MV2 he attempted to slow down but the vehicle accelerated, rear ending MV2. The operator of MV1 stated that moments after the traffic light turned from red to green, MV2 rear ended her. The passenger in MV2 sustained a bruised lip but all involved parties signed patient refusals with Cataldo. Tody's towed MV2.

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