Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
03/16/2019	02:43 24HR	NEWTON	1	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# WEST | Direction | Address # 515 | Name of Roadway/Street CRAFTS ST

_____ Feet [N] [S] [E] [W] of Mile Marker ___ ___ ___ • ___ or Exit Number _____

_____ Feet [N] [S] [E] [W] of Route# _____ Intersecting Roadway/Street _____

_____ Feet [N] [S] [E] [W] of Landmark _____

☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 1900000288

Vehicle 1

License # --- St MA DOB/Age -- -- ----

Sex M | Lic. Class D | Lic. Restrictions 1 | CDL Endorsment

Operator SALIC-CHAVES (Last) IVAN (First) (Middle)

Address 25 LOWELL ST

City WALTHAM State MA Zip 02453

Insurance Company OCCIDENTAL FIRE

Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency?____

Citation # (If Issued) T1268256

Violation 1: Ch 90/10/A Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 1MP442 Reg Type PAN Reg State MA

Veh Year 2010 Veh Make TOYOTA Veh Config. 2

Owner (Same as operator) (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Vehicle Action Prior to Crash 1

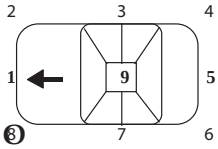
Event Sequence 22 | 22 | 22 | 22 | 22

Most Harmful Event 22

Driver Contributing Code 19 | 24 | 24

Underride/Override 25 | Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

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	See Above	- - - - - - - -	- - -	- - -	99	3	99	0	0	5	1	

☐ Please Select One of the Following: ☐ Vehicle ___# Occupants | ☐ Non-Motorist A Type 14 | Action 15 | Location 16 | Condition 17 | ☐ Hit/Run | ☐ Moped

Non-Motorist A

License # _____ St _____ DOB/Age _____

Sex____ Lic. Class 18 | 18 | Lic. Restrictions 19 | CDL _____ Endorsment

Operator _____ (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Insurance Company _____

Vehicle Travel Direction: [N] [S] [E] [W] Responding to Emergency?____

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # _____ Reg Type_____ Reg State_____

Veh Year_____ Veh Make_____ Veh Config. 20

Owner _____ (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Vehicle Action Prior to Crash 21

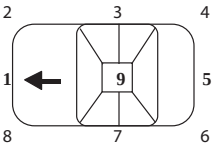
Event Sequence 22 | 22 | 22 | 22

Most Harmful Event 23

Driver Contributing Code 24 | 24

Underride/Override 25 | Towed ____

Damaged Area Code: (Circle Up to Three)



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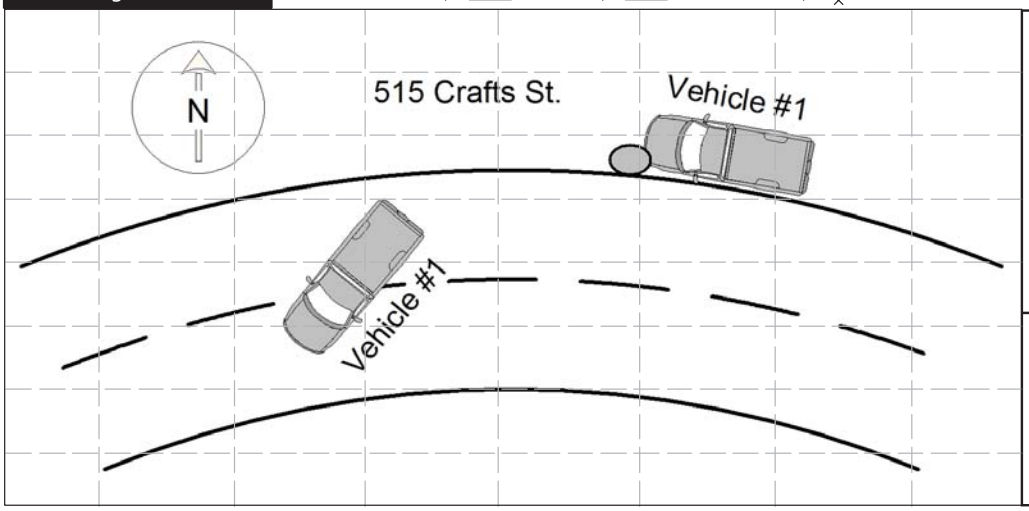
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →



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 vehicle #1 stated he was travelling Westbound on Crafts St. and stated he became distracted by a noise coming from the left front wheel or axel. Operator #1 stated he took his eyes off the road and drifted to the right striking a utility pole. Operator # 1 had only a Guatemala ID card. Operator # 1 was cited for Unlicensed operation citation #T1268256.

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]

DANIEL NARDELLI			NEWTON POLICE DEPARTM		03/16/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00