

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 04/08/2019	Time of Crash 08:58 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input type="checkbox"/>	MBTA Police <input type="checkbox"/>	Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
SOUTH FOREST AVE Route# Direction Name of Roadway/Street At OTIS 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 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000349	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GUZMAN-VILLEGAS JULIO G Address 240 OTIS ST City NEWTON State MA Zip 02465 Insurance Company SAFETY			Reg # 4VE834 Reg Type PAN Reg State MA Veh Year 2012 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 26 22 22 22 22 2 Most Harmful Event 26 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y							
Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled							
Please fill out for operator and all occupants involved			13 26							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above										
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										
License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____ Operator _____ 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 20 Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____							
Please fill out for operator and all occupants involved			13 26							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above										

Crash Narrative:

ON 4-8-19 AT APPROX. 0858HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE CRASH. UPON ARRIVAL AT THE INTERSECTION OF FOREST AVE. AND OTIS ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON FOREST HEADING TOWARD OTIS WHEN HIS VEHICLES RIGHT FRONT TIRE FELL INTO A LARGE HOLE IN THE STREET. UPON FURTHER INSPECTION I COULD SEE THAT A CATCH BASIN HAD COLLAPSED AND FORMED A LARGE HOLE IN THE STREET. THERE WERE NO VISIBLE SIGNS OF DAMAGE TO VEHICLE #1 AND THE OPERATOR REPORTED NO INJURIES. ADVISED TO CONTACT INSURANCE COMPANY. CITY OF NEWTON WAS NOTIFIED. I PLACED THREE ORANGE CONES AROUND THE HOLE TO AVOID FURTHER ACCIDENTS. COMP. LEFT THE AREA BEFORE PICTURES OF HIS VEHICLE COULD BE TAKEN.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 02		3	CATCH BASIN

THOMAS P WALSH			NEWTON POLICE DEPARTM		04/08/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP11 11:24:00					