

Police Use Only			Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 04/20/2019		Time of Crash 06:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report					Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:										
CENTRAL ST																2		
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										10		
At						Feet N S E W of or Exit Number										2		
AUBURN ST						Feet N S E W of										11		
Route# Direction Name of Intersecting Roadway/Street						Route# Intersecting Roadway/Street										2		
Also at Intersection with						Landmark												
Route# Direction Name of Intersecting Roadway/Street																		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000396									
License # --- St MA DOB/Age --- Reg # 4FJ539 Reg Type PAN Reg State MA																		12
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL --- Veh Year 2015 Veh Make NISS Veh Config. 2 20																		1
Operator ROLAND CARLINE Last First Middle Owner (Same as operator) Last First Middle																		
Address 46 CLARK ST Address																		
City MEDFORD State MA Zip 02155 City State Zip																		
Insurance Company COMMERCE Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)																		
Vehicle Travel Direction: N X E W Responding to Emergency? Event Sequence 1 22 22 22 22 2 23																		
Citation # (If Issued) Most Harmful Event 1 24 24																		
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec --- Driver Contributing Code 1 24 24																		
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec --- Underride/Override 25 Towed N																		
Please fill out for operator and all occupants involved																		13
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																		1
Operator See Above --- --- 1 4 4 0 0 10 1																		
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 GU DOB/Age --- Reg # 1TF782 Reg Type PAN Reg State MA																		12
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL --- Veh Year 2017 Veh Make CHEV Veh Config. 1 20																		1
Operator GOMEZ SELVIN Last First Middle Owner (Same as operator) Last First Middle																		
Address 61 CALVARY ST (apt. 2) Address																		
City WALTHAM State MA Zip 02453 City State Zip																		
Insurance Company LM GENERAL Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																		
Vehicle Travel Direction: N X E W Responding to Emergency? Event Sequence 1 22 22 22 22 2 23																		
Citation # (If Issued) Most Harmful Event 1 24 24																		
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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																		1
Operator/Non-Motorist See Above --- --- 1 4 4 0 0 10 1																		
GOMEZ, JORGE 9 CROSS ST WALTHAM, MA 02452 --- --- M 1 1 4 4 0 0 10 1																		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Central St  
Auburn St

Unit 1  
Unit 2

NOT TO SCALE

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:**

At approximately 0630HRS on Saturday, April 20, 2019, I was dispatched to the intersection of Central St at Auburn St. for a report of a two car MVA. Upon arrival, I observed MV1 (MA Pass: 4FJ539) to be parked in front, at the traffic light with damage to it's rear bumper. MV2 (MA Pass: 1TF782) was parked directly behind it with damage to it's front bumper and hood area. I spoke to the operator of MV1, who stated that she was stopped at the intersection (on Auburn St. Southbound) with a red traffic light and was rear ended by MV2. The operator of MV2 stated that as he traveled Southbound on Auburn St., he attempted to stop his vehicle for the red traffic signal. When he applied his brakes, his vehicle slid due to the wet road surface and struck MV1. All parties signed patient refusals with Newton Medics and were able to drive their vehicles away.

**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