

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 04/29/2019	Time of Crash 07:48 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 1	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:			
Route# Direction Name of Roadway/Street At			EAST 80 MADISON AVE Route# Direction Address # Name of Roadway/Street Feet [N S E W] of _____ Mile Marker _____ Exit Number _____				9			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of _____ Route# Intersecting Roadway/Street _____				10			
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ Landmark _____				11			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000432	
License # --- St MA DOB/Age ---			Reg # 932EE6 Reg Type PAN Reg State MA			Veh Year 2011 Veh Make HONDA Veh Config. 1 20			12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Operator LOPER-SENGUPTA SARAH R Last First Middle			Owner (Same as operator) Last First Middle			1	
Address 254 WEBSTER ST			City NEWTON State MA Zip 02465			City _____ State _____ Zip _____			13	
Insurance Company ARBELLA			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled	
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____			Event Sequence 3 22 22 22 22			Most Harmful Event 3 23			Driver Contributing Code 18 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Diagram: A car diagram with a circle around the front end, labeled 9. Arrows point to 1, 2, 3, 4, 5, 6, 7, 8, 10, 11.			13	
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 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			1 4 3 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle # Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type 1 14			Action 2 15 Location 4 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # --- St --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement			Operator GONZALEZ EDWIN E Last First Middle			Owner _____ Last First Middle				
Address 54 WALNUT ST (apt. 4)			City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____				
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled	
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____			Event Sequence 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed _____			Diagram: A car diagram with a circle around the front end, labeled 9. Arrows point to 1, 2, 3, 4, 5, 6, 7, 8, 10, 11.				
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 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/Non-Motorist			See Above			7 2 B1				

→ 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:

also damage to the front passenger side hood area.

See Sgt. Lee update for victim statement

Numerous pictures were taken by Ofc. Gaudet of the MV and scene. They were TOT IT.

The MV was towed by Tody's due to its shattered windshield.

No citation will be issued to Loper-Sengupta. The solar glare caused her to not able to see the pedestrian.

The Sgt. and I dont believe the pedestrian looked before crossing with the barell on his left shoulder

because he would have been able to see the MV coming as this is straight away section of Madison Ave.

It should be noted, that when I arrived on scene I immediately noticed the seolar glare as I walked east on Madison Ave.

(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

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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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:

[illegible]

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	37	Gross Vehicle Weight	38
----------------------	----	----------------------	----

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

BOB LEE

25222

NEWTON POLICE DEPARTMENT

04/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____