

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/30/2019	Time of Crash 14:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 191 WATERTOWN ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000437			
License # _____ St _____ DOB/Age _____			Reg # UNK		Reg Type UNK		Reg State XX			
Sex _____ Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____			Veh Year UNK		Veh Make UNKNOWN		Veh Config. <u>97</u> <u>20</u>			
Operator UNKNOWN UNKNOWN UNKNOWN Last First Middle			Owner (Same as operator)		First Middle		12			
Address _____			Address _____		State Zip		1			
City _____ State _____ Zip _____			City _____ State _____ Zip _____		Vehicle Action Prior to Crash <u>99</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)			
Insurance Company UNKNOWN			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		2 3 4		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Most Harmful Event <u>2</u> <u>23</u>		1 2 3 4		5 11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		8 7 6		1			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override <u>25</u> Towed Y		9		13			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		1			
Name (Last First Middle) Address _____ Age/DOB _____ Sex _____			Operator See Above		99 99 4 99 99 99 1		Medical Facility _____			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St _____ DOB/Age _____			Reg # 197ZC1		Reg Type PAN		Reg State MA			
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year 2014		Veh Make HONDA		Veh Config. <u>1</u> <u>20</u>			
Operator _____ Last First Middle			Owner MALDONADO MAURICIO Last First Middle		Address 24 LAUREL ST		City LYNN State MA Zip 01905			
Address _____			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)		1			
City _____ State _____ Zip _____			Event Sequence <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>1</u> <u>22</u>		2 3 4		10 Undercarriage			
Insurance Company PROGRESSIVE			Most Harmful Event <u>1</u> <u>23</u>		1 2 3 4		5 11 Totaled			
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Driver Contributing Code <u>1</u> <u>24</u> <u>1</u> <u>24</u>		8 7 6		1			
Citation # (If Issued) _____			Underride/Override <u>25</u> Towed Y		9		13			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved		26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code		1			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Name (Last First Middle) Address _____ Age/DOB _____ Sex _____		Operator/Non-Motorist See Above		Medical Facility _____			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian

191 Watertown St

Unit 1

Unit 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:

Mauricio Maldonado states that he parked his vehicle (2) Ma Reg. 197ZC! in the parking lot at Planet Fitness at approx 1130 hrs. When he came out at 1400 hrs he noticed that someone smashed into his right rear side. No witnesses, no video surveillance.

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

STEPHEN T COTTENS

NEWTON POLICE DEPT

04/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date