

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																		
Date of Crash 05/07/2019		Time of Crash 17:03 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35 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:						9													
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				EAST 580 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N][S][E][W] of _____ LENGLEN 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 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000468					2												
License # _____ St MA DOB/Age _____				Reg # 9BD611				Reg Type PAN		Reg State MA		12													
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017				Veh Make HYUN		Veh Config. 1 20		1													
Operator ALBERTO-PENA RAMSES Last First Middle				Owner HERTZ RENTAL Last First Middle									1												
Address 100 LAFAYETTE ST (apt. 307)				Address 414 CAMBRIDGE ST									1												
City SALEM State MA Zip 01970				City ALLSTON State MA Zip 02164									1												
Insurance Company WESTCHESTER FIRE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					13												
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage					1												
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					1												
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				8 7 6					1												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									1												
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									
Operator				See Above		-----	---	---	1	4	4	0	0	10	1										
FRASCA, RICHARD				280 NEWTONVILLE AVE (apt 312) NEWTON, MA 02460		-----	M	4	1	4	4	0	0	9	2	NEWTON WESELEY									
FRASCA, RICCARDO, A				426 HANOVER ST (apt 12) BOSTON, MA 02113		-----	M	6	1	4	4	0	0	10	2										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age _____				Reg # 1ZBH21				Reg Type PAN		Reg State MA		13													
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013				Veh Make HONDA		Veh Config. 2 20		1													
Operator SOURS EVA Last First Middle				Owner SOURS PHILIP W Last First Middle									1												
Address 15 GROVELAND ST				Address 15 GROVELAND ST									1												
City AUBURNDALE State MA Zip 02466				City NEWTON State MA Zip 02466									1												
Insurance Company ARBELLA MUTUAL				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					1												
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4 10 Undercarriage					1												
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					1												
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 5 24				8 7 6					1												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									1												
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									
Operator/Non-Motorist				See Above		-----	---	---	1	4	4	0	0	10	1										

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Lengen St

Craft St

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:

Vehicle one was stopped in traffic when vehicle two rear ended vehicle one. Vehicle two stated she looked down at the radio quick and then rear ended vehicle one. vehicle one was transporting two male parties while working for LYFT. Both male parties of vehicle one were transported to Newton Wellesley Hospital.

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

KATELYN MARY POHLMAN

NEWTON POLICE DEPART

05/07/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date