

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/28/2019	Time of Crash 08:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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	
NORTH CENTRE ST										2	
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							10	
At										2	
WEST WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____ • _____ or _____		Mile Marker Exit Number						
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street			Feet [N S E W] of _____		Route# Intersecting Roadway/Street					11	
					Landmark					2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000543				
License # --- St MA DOB/Age -- --			Reg # 5WH335 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL			Veh Year 2014 Veh Make HONDA Veh Config. 1 20								
Operator DELACRUZ AURA MARINA			Owner (Same as operator)							12	
Address 31 SOUTH AVE			Address							1	
City REVERE State MA Zip 02151			City State Zip								
Insurance Company CITIZENS INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S E] X Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 3 4 9 10 Undercarriage 11 Totaled						
Citation # (If Issued) _____			Most Harmful Event 1 23								
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			-----								
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 MA DOB/Age -- --			Reg # P84831 Reg Type CON Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2012 Veh Make FORD Veh Config. 2 20								
Operator CAREY JOHN			Owner (Same as operator)								
Address 365 SALEM RD			Address								
City BILLERICA State MA Zip 01821			City State Zip								
Insurance Company TRAVELERS IND CO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [N S E] X Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 3 4 9 10 Undercarriage 11 Totaled						
Citation # (If Issued) _____			Most Harmful Event 1 23								
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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			-----								
JARDIM, ZACH 7 DRAKE AVE STOUGHTON, MA 02072			--- M 3 99 4 4 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:

Washington St

Centre St

→ N →

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:

The operator of MV#1 stated she was travelling westbound on Washington St when she was struck from behind by MV#2. MV#1 sustained heavy rear end damages. There were no reported injuries to the operator of MV#1.

The operator of MV#2 stated he was travelling westbound On Washington St and did not see MV#1 in front of him and struck it. MV#2 sustained minor damages to its front bumper. There were no reported injuries to the operator of MV#2 or its passenger.

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