

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/21/2019		Time of Crash 17:08 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:							
NORTH WALES ST Route# Direction Name of Roadway/Street At 16 WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000639							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BRAND MICHAEL P Address 10A PRATT AVE City WALTHAM State MA Zip 02453 Insurance Company ACE INDEMNITY INS Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Reg # 7KF936 Reg Type PAN Reg State MA Veh Year 2018 Veh Make NISS Veh Config. 1 20 Owner HERTZ VEHICLES LI Address 450 MCCLELLAN HWY City BOSTON State MA Zip 02128 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y							
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 Medical Facility							
Operator See Above						1 4 99 0 0 10 1							
Operator													
Operator													
Operator													
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator DELGADO-SOTO LUZ C Address 242 N. BEACON ST. (apt. 103) City BRIGHTON State MA Zip 02135 Insurance Company SAFETY INS Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Reg # 3RH279 Reg Type PAN Reg State MA Veh Year 2010 Veh Make JEEP Veh Config. 2 20 Owner DELGADO JESSICA Address 242 (apt. 103) N. BEACON ST City BRIGHTON State MA Zip 02135 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed N							
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 Medical Facility							
Operator/Non-Motorist See Above						99 5 99 0 0 10 1							
Operator/Non-Motorist													
Operator/Non-Motorist													
Operator/Non-Motorist													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

RT 95/128 OFF RAMP
WASHINGTON ST.
WALE'S ST.
QUINOBEQUIN RD.
RT 95/128 ON RAMP

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:

I responded to the intersection of Wales St.@Washington St. for a report of an MVA. I arrived on location and observed MA Reg. 7KF936; 2018 Niss/Versa color gray parked on the northbound side of Wales St. approx. 100 yds south of Washington St. The vehicle (V1) had heavy front end damage. V1 operator was identified as Brand, Michael MA OLN#S98661403. He stated the operator of the other vehicle involved did not speak English (Spanish speaking). The female operator did exchange info with V1 operator then left prior to my arrival. V2 operator is identified as Delgado-Soto, Luz MA OLN#S83973830. V2 MA Reg. 3RH279; 2010 Jeep/Liberty color gray.

V1 operator stated he rear ended V2 slowing/stopped in the line of traffic at the traffic light. He stated V2 "really didn't have any visible damage." He stated he nor V2 operator were injured as a result of the

(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

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

DANIEL S SULLIVAN NEWTON POLICE DEPARTM 06/21/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

