

# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 06/25/2019	Time of Crash 16:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2
			Number Injured 0	Speed Limit 30	State Police Local Police MBTA Police Other:
			Latitude	Longitude	
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:	
NORTH CENTRE ST					
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street		
At					
WEST WASHINGTON ST					
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of 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		
			Landmark		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000656	
License # --- St MA DOB/Age ---		Reg # 837XL1 Reg Type PAN Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20				
Operator PADILLA ISRAEL		Owner (Same as operator)			
Address 371 SUMNER ST (apt. 4)		Address			
City BOSTON State MA Zip 02128		City State Zip			
Insurance Company GOVT EMPLOYEE		Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 1 22 22 22 22 2			
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		26 27 28 29 30 31 32 33			
Name (Last First Middle) Address		Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			
Operator See Above		1 4 99 0 0 10 1			
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 # US60MG Reg Type PAS Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL	Veh Year 2002 Veh Make CHEVROLET Veh Config. 2 20				
Operator QUEIROZ JOSHUA		Owner SANTOS-QUEIROZ INAH			
Address 15 ELIOT ST (apt. B)		Address 15 (apt. B) ELIOT ST			
City FRAMINGHAM State MA Zip 01702		City FRAMINGHAM State MA Zip 01702			
Insurance Company PLYMOUTH ROCK		Vehicle Action Prior to Crash 7 21 Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 1 22 22 22 22 2			
Citation # (If Issued)		Most Harmful Event 1 23			
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 19 24 24			
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed N			
Please fill out for operator and all occupants involved		26 27 28 29 30 31 32 33			
Name (Last First Middle) Address		Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			
Operator/Non-Motorist See Above		1 4 99 0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St

Mass Pike On Ramp

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:**

MV1 stated he was attempting to merge onto the Mass Pike when MV2 "was in the wrong lane and turned right into me" causing minor rear drivers side damage.

MV2 stated he was attempting to "get in the right lane to go to Washington St and he wouldn't let me merge and I grazed him" causing minor front passenger side damage.

No injuries were reported and no tows were required.

**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

GREGORY P HELMS

NEWTON POLICE DEPART

06/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date