

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/27/2019		Time of Crash 12:42 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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 _____				NORTH 1241 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000770			4
License # _____ St NH DOB/Age _____				Reg # S49158		Reg Type CON		Reg State MA					
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2005		Veh Make FORD		Veh Config. 2 20					
Operator CRUZ JORGE DELA				Owner TILE AND DESIGN ARTISTIC									12
Address 59 ARLINGTON ST (apt. A)				Address 71 BOURQUE RD									
City NASHUA State NH Zip 01940				City LYNNFIELD State MA Zip 01940									
Insurance Company COMMERCE INS.				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		2		3 4		10 Undercarriage			
Citation # (If Issued) _____				Most Harmful Event 1 23		1		5 11 Totaled					
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 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		NONE					1
7 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 # 3RB837		Reg Type PAS		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019		Veh Make ACURA		Veh Config. 2 20					
Operator CHUNG SHIRLEY W				Owner HONDA LEASE TRU!									
Address 3 MEIGH RD				Address 600 KELLY WAY									
City CHESTNUT HILL State MA Zip 02467				City HOLYOKE State MA Zip 01040									
Insurance Company PURE				Vehicle Action Prior to Crash 6 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22		Q		3 4		10 Undercarriage			
Citation # (If Issued) T1271258				Most Harmful Event 1 23		Q		5 11 Totaled					
Violation 1: Ch A7/17 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25		Towed N							
Please fill out for operator and all occupants involved													
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		NONE					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

LANGELY RD

#1241 CENTRE ST-PANERA BREAD

CENTRE ST

Unit 1

Unit 2

Unit 1

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:

Operator of veh#1 stated he was driving North on Centre St when veh #2 pulled out of her parking spot and struck his vehicle. Minimal damage to veh #1 front bumper.

Operator of veh #2 stated she was pulling out of her parking spot due North on Centre St when veh #1 came out of no where and she collided with him. Front bumper removed from veh #2. Operator of veh #2 cited #T1271258 in hand for N.C.O. 19/75 - Failure to use care in starting, stopping and turning. Both operators stated their speed was slow at the time of impact. Centre St is a public way in the City of Newton as it is serviced and maintained by this city.

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