

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																				
Date of Crash 08/03/2019		Time of Crash 12:18 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 3	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															
WEST COMMONWEALTH AVE												2															
Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street								10															
				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number																							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11															
Route# Direction Name of Intersecting Roadway/Street				Landmark								2															
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000799																			
License # --- St MA DOB/Age ---				Reg # 7HC225				Reg Type PAN		Reg State MA																	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2011				Veh Make JEEP		Veh Config. 2 20																	
Operator PENA MIGUEL ANGEL				Owner (Same as operator)										12													
Address 19 ALDER ST (apt. 3)				Address _____																							
City LAWRENCE State MA Zip 01841				City _____ State _____ Zip _____																							
Insurance Company GOVT EMPLOYEE INS				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 1 22				2 3 4																			
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage																			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				11 Totaled																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6																			
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	1	0	0	9	2	NWH											
GALLANT, MELISSA				131 HIGHT ST WALTHAM, MA 02453		-----	F	4	1	4	1	0	0	10	1												
COLLEARY, KRISTINE				131 HIGH ST WALTHAM, MA 02453		-----	F	6	1	4	1	0	0	8	2	NWH											
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 # 7PP199				Reg Type PAN		Reg State MA																	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2001				Veh Make VOLK		Veh Config. 1 20																	
Operator HASSARD ROBERT				Owner (Same as operator)																							
Address 21 FALMOUTH ST				Address _____																							
City WORCESTER State MA Zip 01607				City _____ State _____ Zip _____																							
Insurance Company PROGRESSIVE DIRECT				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				3 4																			
Citation # (If Issued) T1445183				Most Harmful Event 1 23				10 Undercarriage																			
Violation 1: Ch 19/71 Sec _____ Violation 2: Ch 90/23/L Sec _____				Driver Contributing Code 5 24 24				5 11 Totaled																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				7 6																			
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	1	1	0	0	8	2	FRAMMINGHAM UNION											

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

2095 Commonwealth Ave

**NOT TO SCALE**

→ 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:**

Vehicle One stated while travelling Westbound on Commonwealth Ave he was rear ended by Vehicle Two. Vehicle One stated he stopped when an unidentified vehicle was attempting to turn left in front of him when the collision occurred. Vehicle Two stated he was traveling Westbound on Commonwealth Ave when he attempted to reach for a beverage then traffic stopped abruptly in front of him.

Vehicle One had two passengers in the rear one of which was transported to NWH along with the operator for their injuries. Vehicle Two's operator was transported to Framingham Union Hospital for his injuries. Vehicle Two was towed by Todys. The operator of Vehicle Two was mailed Mass Uniform Citation T1445183 for Following to Closely and Suspended License.

**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

DENNIS J O'BRIEN      NEWTON POLICE DEPART      08/03/2019

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

CDP1 11 -24:00