

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/07/2019		Time of Crash 17:07 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 _____				EAST 400 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet N S E W of _____ Landmark _____								11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000815						2	
License # _____ St MA DOB/Age _____				Reg # 9WS844 Reg Type PAN Reg State MA								9	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make MAZD Veh Config. 2 20								10	
Operator HANSEN TAYLOR Last First Middle				Owner (Same as operator) Last First Middle								11	
Address 35 ROCKWAY AVE (apt. 105)				Address _____								12	
City WEYMOUTH State MA Zip 02188				City _____ State _____ Zip _____								1	
Insurance Company NORFOLK DEDHAM				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4								1	
Citation # (If Issued) _____				Most Harmful Event 1 23								10 Undercarriage	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24								5 11 Totaled	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N								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												1	
Operator See Above													
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												1	
License # _____ St MA DOB/Age _____				Reg # 8ER548 Reg Type PAN Reg State MA								13	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make CHEV Veh Config. 1 20								10	
Operator GUILHERME VIEIRA DENISE Last First Middle				Owner (Same as operator) Last First Middle								11	
Address 5 MECHANIC ST				Address _____								12	
City MILFORD State MA Zip 01757				City _____ State _____ Zip _____								1	
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								13	
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4								10 Undercarriage	
Citation # (If Issued) _____				Most Harmful Event 1 23								5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24								6	
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/Non-Motorist See Above													

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

400 Washington St

Unit 2

Unit 1-

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 vehicle 1 states she was traveling eastbound on Washington St behind vehicle2 when that vehicle stopped quickly due to another vehicle in front of her coming to a quick stop. As a result vehicle 1 rear ended vehicle 2. Both operators stated there was another vehicle in front of them that stopped quickly causing a chain reaction. Neither driver was injured. Neither vehicle required a tow.

**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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

08/07/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date