

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/16/2019	Time of Crash 07:36 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:				
Route# Direction Name of Roadway/Street At			SOUTH 95 SPIERS RD								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ 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 190000839		
License # --- St MA DOB/Age ---			Reg # 1DLJ93			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019			Veh Make HONDA			Veh Config. 1 20		
Operator ORLANDO LEONARDO			Owner (Same as operator)								
Address 85 SPIERS RD			Address _____								
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____								
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Event Sequence 2 23			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 2 23			Driver Contributing Code 19 24 24			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25			Towed Y					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator			See Above			-----		---			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants										<input type="checkbox"/> Non-Motorist A Type 14	
License # _____ St _____ DOB/Age _____										Reg # BYE2637	
Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____										Reg Type PAN	
Operator _____										Reg State AZ	
Address _____										Veh Year 2013	
City _____ State _____ Zip _____										Veh Make ACURA	
Insurance Company N/A										Veh Config. 1 20	
Vehicle Travel Direction: X S E W Responding to Emergency? N										Owner MAY STEPHEN	
Citation # (If Issued) _____										Address 16837 W SHERIDAN ST	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										City GOODYEAR	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										State AZ Zip 85395	
Please fill out for operator and all occupants involved										Vehicle Action Prior to Crash 2 21	
Name (Last First Middle)			Address			Age/DOB		Sex		Medical Facility	
Operator/Non-Motorist			See Above			-----		---			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

95 Spiers Rd

Unit 2

Unit 1

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:**

Leonardo Orlando was operating vehicle #1. Leo states that he backed out of 85 Spiers Rd and then started to Dr N/B. Leo states that he did not see vehicle #2 parked and he struck the unoccupied vehicle.

Stephen May owns vehicle #2 and was inside the residence at the time of the crash. No injuries vehicle #1 towed by Todys.

**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

STEPHEN T COTTENS

NEWTON POLICE DEPART

08/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date