

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/07/2019	Time of Crash 07:55 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:						
SOUTH CRAFTS ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number								
NORTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000918				
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FRANCOIS MARIE Address 174 GEORGETOWN DR City HYDE PARK State MA Zip 02136 Insurance Company SAFETY			Reg # 3BK267 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y								
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 4 0 0 10 1 NONE					1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 MD DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ERNESTO WILBER Address 9909 DILSTON RD City SILVER SPRINGS State MD Zip 20903 Insurance Company COMMERCE			Reg # V35555 Reg Type CON Reg State MA Veh Year 20 Veh Make FRHT Veh Config. 13 20 Owner RYDER TRUCK Address 329 JEFFERSON RD City ROCHESTER State NY Zip 14623 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y								
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/Non-Motorist See Above --- --- 1 4 4 0 0 10 1 NONE					1			
RODRIGUEZ-NUNEZ, EDGAR			33 W. EAGLE ST (apt 1) E. BOSTON, MA 02128					---		M 3 1 4 4 0 0 10 1 NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

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:

Upon arrival all parties were outside of their vehicles, no injuries. No tows.

Marie Francois was operating vehicle #1. Marie states that she was at the Walnut St. stop sign attempting to turn left onto Crafts St. Marie looked to the right and an unknown vehicle motioned for her to pull out and take a left turn. Marie then attempted to take the turn and struck vehicle #2.

Wilbur Ernesto was operating vehicle #2 S/B on Crafts St. Wilbur states that vehicle #1 unexpectedly pulled out of the stop sign, attempting to turn left, and struck his veiled.

A check with the RMV revealed that Wilbur Ernesto license was suspended out of Maryland. Wilbur was issued citation #T2015203 Ch. (0 S. 23 operating after suspension. The owner of Wilbers company, Manuel Gonzalez arrived and took possession of vehicle #2.

(Continued on next page)

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

