

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 10/31/2019	Time of Crash 12:15 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>23Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>32Route# Direction Name of Intersecting Roadway/Street</div>			<div>29NORTH 1306 WALNUT ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of _____ • _____ or _____ Mile Marker _____ Exit Number _____</div> <div>11Feet NSEW of _____ Route# Intersecting Roadway/Street _____</div> <div>2Feet NSEW of _____ Landmark _____</div>									
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001116					
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>GUERRIER</u> <u>DIMITRI</u> Address <u>10 WALDEN SQUARE (apt. 304)</u> City <u>CAMBRIDGE</u> State <u>MA</u> Zip <u>02140</u> Insurance Company <u>GEICO INS</u>			Reg # <u>UPJ8915</u> Reg Type <u>PAV</u> Reg State <u>VA</u> Veh Year <u>2019</u> Veh Make <u>DODGE</u> Veh Config. <u>2</u> <u>20</u> Owner <u>HOLDINGS LLC</u> <u>EAN</u> Address <u>14002 EAST 21ST ST</u> City <u>TULSA</u> State <u>OK</u> Zip <u>4134</u> Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>2</u> <u>23</u> Driver Contributing Code <u>19</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) <u>T2079208</u> Violation 1: Ch <u>A7/17</u> Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			<div>10 Undercarriage 5 11 Totaled</div>									
Please fill out for operator and all occupants involved			132									
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												
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company <u>SAFETY INS</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u> Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # <u>434KY6</u> Reg Type <u>PAS</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>20</u> Owner <u>ZIMET</u> <u>ELYNN</u> <u>K</u> Address <u>9 WATER ST.</u> City <u>MARLBOROUGH</u> State <u>MA</u> Zip <u>01752</u> Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> Most Harmful Event <u>1</u> <u>23</u> Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> Underride/Override <u>25</u> Towed <u>Y</u>									
Please fill out for operator and all occupants involved			132									
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Operator/Non-Motorist See Above												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

WALNUT ST

Unit 1

Unit 2 PARKED

#1306 WALNUT ST

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:

Veh #1 was driving due North on Walnut St when he struck the rear of parked veh #2 in front of #1306 Walnut St. Operator of veh#1 stated he just pulled away from a delivery and started to drive when he saw veh #2 and couldn't stop in time on the wet leaves and struck the rear of the vehicle. Both vehicles were towed by Today's Towing and operator of veh #1 was handed Mass. Citation #T2079208 for N.C.O. failure to use care in starting.

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

ZACHARY S RAYMOND

NEWTON POLICE DEPT

10/31/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date