

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/02/2019	Time of Crash 09:25 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
EAST MILL ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
SOUTH UPLAND RD Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet [N S E W] of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street			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 1900001124		
License # --- St MA DOB/Age ---			Reg # 161FB3 Reg Type PAS Reg State MA			Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		
Operator HABBE TAYLOR Last First Middle			Owner HABBE RUTH Last First Middle			Address 37 TAURUS DRIVE			Address 37 TAURUS DR		
City MASHPEE State MA Zip 02649			City MASHPEE State MA Zip 02649			Insurance Company GEICO			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [N S E W] Responding to Emergency? N			Event Sequence 97 22 22 22 22 2			Most Harmful Event 97 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			13 20		
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 99 0 0 10 1								
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 DOB/Age ---			Reg # 1DNX31 Reg Type PAS Reg State MA			Veh Year 2006 Veh Make HONDA Veh Config. 1 20			Sex M Lic. Class 99 18 18 Lic. Restrictions J 19 CDL _____		
Operator CHINCHILLA ENDER Last First Middle			Owner BARRERA CARLOS Last First Middle			Address 9 FELTON ST (apt. A)			Address 9 (apt. A) FELTON STREET		
City WALTHAM State MA Zip 02453			City WALTHAM State MA Zip 02453			Insurance Company OCCIDENTAL			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: [N S E W] Responding to Emergency? N			Event Sequence 20 22 22 22 22 2			Most Harmful Event 97 23			Driver Contributing Code 9 24 24		
Citation # (If Issued) T2079845			Underride/Override 25 Towed Y			10 Undercarriage 5 11 Totaled					
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Please fill out for operator and all occupants involved			13 20		
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 99 0 0 10 1								

→ Direction

ie: → 1 → 2 →

1 Vehicle 1 2 Vehicle 2

⊙ Pedestrian

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:

OPERATOR OF MV 1 STATED HE WAS TRAVELING WEST ON MILL ST, HAD HIS LEFT BLINKER ON AND WAS WAITING FOR A CLEARING IN TRAFFIC SO HE COULD TURN. AS HE WAS WAITING TO TURN, MV 2 WAS TRAVELING IN THE OPPOSITE DIRECTION ON MILL ST AND HE STATED HE APPEARED TO BE SPEEDING. ACCORDING TO MV 1, THE OPERATOR OF MV 2 SUDDENLY SWERVED OFF THE ROAD AND ENDED UP ON THE FRONT LAWN OF 8 BULLOUGH PK. MV 2 DROVE THROUGH THE FRONT BUSHES CAUSING DAMAGE TO THE PROPERTY. MV 1 WAS NEVER STRUCK DURING THIS INCIDENT, MV 2 WAS TOWED FROM THE SCENE BY TODYS TOWING AND AFTER MY INVESTIGATION, THE OPERATOR OF MV 2 WAS ISSUED MA UNIFORM CITATION T2079845 CH 90 S 10 UNLICENSED OPERATION. DUE TO A STRONG LANGUAGE BARRIER I WAS UNABLE TO GET OPERATOR OF MV 2'S SIDE OF THE STORY.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
DAVID, FORD,	8 BULLOUGH PK NEWTON, MASSACHUSETTS	617 448 3380	97	FRONT BUSHES AND GRASS

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Carrier Issuing Authority Code 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42