

|  |  |                                |                               |  |  |   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
|--|--|--------------------------------|-------------------------------|--|--|---|---------------------|-------------------------------|---------------------|---|--|--|----|----------------------------------|--|--------------------------------|--|--------------|--|------------------|--|-----------------|--|------------------|--|---|
| Police Use Only  |  |                                | Commonwealth of Massachusetts |  |  |   | RMV Document Number |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Date of Crash<br>11/05/2019  |  | Time of Crash<br>08:56<br>24HR |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report              |                     | Number Vehicles<br>2          | Number Injured<br>0 | Speed Limit 30<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| AT INTERSECTION:   |  |                                |                               | < LOCATION >   |  | NOT AT INTERSECTION:                              |                     |                               |                     |   |  | 9  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Route# Direction Name of Roadway/Street<br>At  |  |                                |                               | SOUTH CENTRE AVE BRIDGE                                      |  | Route# Direction Address # Name of Roadway/Street |                     |                               |                     |   |  | 2  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with              |  |                                |                               | Feet N S E W of _____ Mile Marker _____ or _____ Exit Number |  | Feet N S E W of _____ WASHINGTON ST               |                     |                               |                     |   |  | 10   |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Route# Direction Name of Intersecting Roadway/Street   |  |                                |                               | Feet N S E W of _____  |  | Route# Intersecting Roadway/Street                |                     |                               |                     |   |  | 11   |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Route# Direction Name of Intersecting Roadway/Street   |  |                                |                               | Landmark   |  |   |                     |                               |                     |   |  | 3  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| <input checked="" type="checkbox"/> Vehicle 1 3 #Occupants                                     |  |                                |                               | <input type="checkbox"/> Hit/Run                             |  | <input type="checkbox"/> Moped                    |                     | Case Number 190001138         |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| License # --- St MA DOB/Age ---  |  |                                |                               | Reg # 47C440   |  | Reg Type PAN                                      |                     | Reg State MA                  |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____                                      |  |                                |                               | Veh Year 2015  |  | Veh Make TOYOTA                                   |                     | Veh Config. 2 20              |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Operator FLORES HAULTER  |  |                                |                               | Owner MONTOYA SILVIA   |  |   |                     |                               |                     |   |  |  | 12 |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Address 160 STANTON AVE (apt. 630)   |  |                                |                               | Address 160 (apt. 630) STANTON AVE                           |  |   |                     |                               |                     |   |  |  | 1  |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| City NEWTON State MB Zip 02465   |  |                                |                               | City NEWTON  |  | State MA Zip 02466                                |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Insurance Company COMMERCE   |  |                                |                               | Vehicle Action Prior to Crash 1 21                           |  | Damaged Area Code: (Circle Up to Three)           |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Vehicle Travel Direction: N X E W Responding to Emergency? N                                   |  |                                |                               | Event Sequence 1 22 22 22 22                                 |  | 2 3 4   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Citation # (If Issued) _____   |  |                                |                               | Most Harmful Event 1 23                                      |  | 1 9   |                     | 10 Undercarriage 5 11 Totaled |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                |  |                                |                               | Driver Contributing Code 1 24 24                             |  | 6   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                |  |                                |                               | Underride/Override 25 Towed N                                |  | 7   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| 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  |  | ---   |                     | 1                             |                     | 4   |  | 99   |    | 0                                |  | 0                              |  | 10           |  | 1                |  |                 |  |                  |  |   |
| GARCIA, MARGARITA  |  |                                |                               | ---  |  | F   |                     | 6                             |                     | 1   |  | 4  |    | 99                               |  | 0                              |  | 0            |  | 10               |  | 1               |  |                  |  |   |
| CRUZ, MELKIN   |  |                                |                               | ---  |  | F   |                     | 3                             |                     | 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 MA DOB/Age ---  |  |                                |                               | Reg # 5RN687   |  | Reg Type PAN                                      |                     | Reg State MA                  |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____                                      |  |                                |                               | Veh Year 2017  |  | Veh Make MITSUBISHI                               |                     | Veh Config. 1 20              |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Operator ALLEYNE NIKITA  |  |                                |                               | Owner (Same as operator)                                     |  |   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Address 3 PILGRIM PL   |  |                                |                               | Address  |  |   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| City DOCHESTER State MA Zip 02125  |  |                                |                               | City   |  | State Zip   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Insurance Company GOVT EMPLOYEES   |  |                                |                               | Vehicle Action Prior to Crash 5 21                           |  | Damaged Area Code: (Circle Up to Three)           |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Vehicle Travel Direction: N X E W Responding to Emergency? N                                   |  |                                |                               | Event Sequence 1 22 22 22 22                                 |  | 2 3 4   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Citation # (If Issued) _____   |  |                                |                               | Most Harmful Event 1 23                                      |  | 1 9   |                     | 10 Undercarriage 5 11 Totaled |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____                                |  |                                |                               | Driver Contributing Code 9 24 24                             |  | 8   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                |  |                                |                               | Underride/Override 25 Towed N                                |  | 7   |                     |                               |                     |   |  |  |    |                                  |  |                                |  |              |  |                  |  |                 |  |                  |  |   |
| Please fill out for operator and all occupants involved  |  |                                |                               |  |  |   |                     | 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/Non-Motorist  |  |                                |                               | See Above  |  | ---   |                     | 1                             |                     | 4   |  | 99   |    | 0                                |  | 0                              |  | 10           |  | 1                |  |                 |  |                  |  |   |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St e/b

Unit 1

Unit 2

Centre Ave Bridge

Washington St w/b

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:**

Operator #1 stated he was coming off Washington St E/B onto the Centre Ave bridge in the far right lane closest to the sidewalk when vehicle #2 entered his lane causing the crash.

Operator # 2 reported she had entered onto the bridge from the west side of Washington St and was attempting to enter the lane vehicle #1 was in assuming he was going to yield to her. Vehicle #1 never yielded so the crash occurred.

There were no injuries and no vehicles were towed.

**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