

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 11/09/2019		Time of Crash 05:22 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:						9		
LEXINGTON ST												2		
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10		
RUMFORD AVE						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						11		
Route# Direction Name of Intersecting Roadway/Street						Landmark						3		
99				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001154				
License # --- St MA DOB/Age ---				Reg # 47C440		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make TOY		Veh Config. 2 20						
Operator FLORES HUALTER				Owner MONTOYA SILVIA									12	
Address 160 STANTON AVE				Address 160 (apt. 630) STANTON AVE										
City NEWTON State MA Zip 02466				City NEWTON State MA Zip 02466										
Insurance Company COMMERCE				Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 99 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24		8 7 6								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
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				-----		---		99 4 99 0 0 10 1						
7 2				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 # 4FR581		Reg Type PAN		Reg State MA						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2003		Veh Make HONDA		Veh Config. 2 20						
Operator JEAN ELYSEE				Owner (Same as operator)										
Address 125 ABBOTT AVE				Address _____										
City LEOMINSTER State MA Zip 01453				City _____ State _____ Zip _____										
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 99 22 22 22		2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23		1 9		5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 3 24 99 24		8 7 6								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y										
Please fill out for operator and all occupants involved														
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/Non-Motorist See Above				-----		---		99 1 99 0 0 10 1						

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Lexington St

Unit 1

Unit 2

Rumford Ave

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 states he was driving northbound on Lexington St operating MA reg 47C440 (vehicle #1). Once at the green light at Lexington/Rumford Ave, operator #1 attempted to take a left turn onto Rumford when MA reg 4FR581 (vehicle #2) collided with him. Vehicle #2 was driving eastbound on Rumford and operator #1 states he did not see the car until the crash occurred.

Operator #2 reports he was driving eastbound on Rumford and was attempting to take a right turn onto Lexington St at the intersection. Operator #2 acknowledges that he had a red light but states he stopped prior to turning (right on red is allowed). It should be noted that upon my arrival on scene, vehicle #2 was located partially in the intersection with airbags deployed and I am not able to conclude that vehicle #2 was in fact turning right. The point of impact does appear to be the left front area. Operator #2 states

(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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2 = Vehicle 2

♀ Pedestrian

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:

he doesn't know what happened, and that vehicle #1 may have oversteered the left turn.

The damage to both vehicles is extensive and mostly contained to the front end/undercarriage areas. Both vehicles were towed by Tody's and all parties signed patient refusals from medics on scene.

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 _____

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Address _____ City _____ St _____ Zip _____

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

36

Cargo Body Type Code	37	Gross Vehicle Weight	38
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37

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
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KELEIGH N DONAHUE

NEWTON POLICE DEPARTMENT

11/09/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____