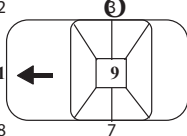
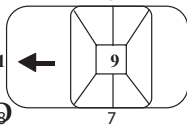


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/11/2019		Time of Crash 18:43 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9	
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____				Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								10	
SOUTH 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	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001161							
License # --- St MA DOB/Age ---				Reg # 7BS417 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20									
Operator MOYNIHAN ERIN S				Owner (Same as operator)								12	
Address 8 NOBLE ST				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company THE COMMERCE INSURANCE COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2								10 Undercarriage 5 11 Totaled	
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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													
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St MA DOB/Age ---				Reg # V27711 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2004 Veh Make FORD Veh Config. 2 20									
Operator OROZCO OCTAVIO A				Owner (Same as operator)									
Address 15 MIDDLESEX ST (apt. 15)				Address _____									
City WALTHAM State MA Zip 02452				City _____ State _____ Zip _____									
Insurance Company ALLSTATE INSURANCE				Vehicle Action Prior to Crash 3 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								10 Undercarriage 5 11 Totaled	
Citation # (If Issued) T2081039				Most Harmful Event 1 23									
Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 89/9 Sec _____				Driver Contributing Code 4 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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													
Operator/Non-Motorist See Above				----- --- 99 99 99 0 0 99 1									

Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
 ie: 1 2

Crash Diagram:

Derby St.

Parmenter Rd.

Unit 1

Unit 2

P.O.I.

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:

Operator of vehicle 1 states she was traveling west on Derby St when vehicle 2 pulled out from Parmenter Rd. Vehicle 2 struck the right passenger side door of Vehicle 1 and continued to turn onto Derby St., traveling west. Vehicle 1 followed vehicle 2 into Waltham and obtained a photo of the license plate of vehicle 2. Operator of vehicle 1 reports no injuries. I attempted to contact the operator of vehicle 2 with negative results. Waltham PD was unable to make contact with the registered owner of vehicle 2 and vehicle 2 was not at the registered address. Citation to be mailed to registered owner of vehicle 2 for 90/24/c leaving the scene after a motor vehicle crash with property damage, as well as 89/9 failure to yield right of way.

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 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