

# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number	
Date of Crash 11/22/2019	Time of Crash 09:46 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report	
Number Vehicles 2		Number Injured 0		Speed Limit 24 Latitude Longitude	
State Police Local Police MBTA Police Other:					
AT INTERSECTION:		< LOCATION >		NOT AT INTERSECTION:	
SOUTH NAHANTON ST					
Route# Direction Name of Roadway/Street		Route# Direction Address # Name of Roadway/Street			
At					
WEST WELLS AVE					
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Mile Marker Exit Number			
Also at Intersection with					
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of Route# Intersecting Roadway/Street			
		Feet N S E W of		Landmark	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
Case Number		190001196			
License # --- St MA DOB/Age ---		Reg # T26186 Reg Type CON Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment		Veh Year 2018 Veh Make FRHT Veh Config. 11 20			
Operator GONZALEZ SALVADOR		Owner RYDER TRUCK			
Address 406 MCGRATH HIGHWAY		Address 329 JEFFERSON RD			
City SOMERVILLE State MA Zip 02143		City ROCHESTER State NY Zip 14623			
Insurance Company ACE AMERICAN		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 3 4			
Citation # (If Issued)		Most Harmful Event 1 23			
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 19 24 24			
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 See Above		1 4 4 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 # 6NTK30 Reg Type PAN Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment		Veh Year 2013 Veh Make TOYOTA Veh Config. 2 20			
Operator MASSICOTTE CARL		Owner (Same as operator)			
Address 17 WILLOW ST		Address			
City WELLESLEY State MA Zip 02481		City State Zip			
Insurance Company METROPOLITAN		Vehicle Action Prior to Crash 2 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 3 4			
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 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		1 4 4 0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 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:**

Carl Massicotte was operating vehicle #2, stopped on Wells Ave at the Nahanton St red light. Carl states that he was struck from behind by vehicle #1.

Salvador Gonzalez was operating vehicle #1. Carl states that he went to pick up an item off the floor and rolled into the back of vehicle #2. No injuries no tows.

**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

STEPHEN T COTTENS

NEWTON POLICE DEPART

11/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date