

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/22/2019		Time of Crash 17:18 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	
SOUTH WALNUT ST 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	
EAST BEACON ST 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 _____								4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001198						3	
License # _____ St MA DOB/Age _____				Reg # 900ENY Reg Type PAN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2004 Veh Make FORD Veh Config. 1 20								1	
Operator MASTROPIERI ROCCO Last First Middle				Owner (Same as operator) Last First Middle								12	
Address 15 HARTMAN RD				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
Insurance Company THE COMMERCE INSURANCE COMPANY				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N S X W] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
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												1	
Operator See Above				NONE									
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 # 989LZ8 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2013 Veh Make CHEVORLET Veh Config. 1 20									
Operator SHAND GARI Last First Middle				Owner (Same as operator) Last First Middle									
Address 136 CENTER ST				Address _____									
City RANDOLPH State MA Zip 02368				City _____ State _____ Zip _____									
Insurance Company PLYMOUTH ROCK				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [N S X W] Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 99 24 24									
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/Non-Motorist See Above				NONE									

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

**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

NOT TO SCALE

**Crash Narrative:**

The operator MV1 of stated that he was traveling Southbound on Walnut St attempting to turn left and travel Eastbound on Beacon St when MV 2 attempted to pass MV 1 and side swiped the right side of MV 1.

The operator of MV 2 stated that MV 2 was attempting to take a left onto Beacon St and MV 1 attempted to illegally pass MV 2 on the left hand side causing a collision.

Fire and EMS responded as well but there were no injuries sustained to either party.

MV 2 was towed by Tody's due to it being disabled on a public 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

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