

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																					
Date of Crash 11/22/2019		Time of Crash 17:49 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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:																																																																						
<div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>SOUTH 33 COMMONWELTH AVE</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Landmark _____</div>																																																																						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001201																																																																						
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator MIMS MALCOM Address 675 VFW PKWAY City CHESTNUT HILL State MA Zip 02467 Insurance Company SELF						Reg # 291S544 Reg Type COM Reg State VT Veh Year 1995 Veh Make INTERNATIONAL Veh Config. 97 20 Owner MAL'S LANDSCAPIN Address 675 (apt. 132) VFW PARKWAY City BROOKLINE State MA Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed Y Citation # (If Issued) T2079504 Violation 1: Ch 90/234 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																																																																						
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→ 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

○

**Crash Narrative:**

MV#1 was traveling south on Commonwealth Ave as it was merging it collided with MV#2.

- OpMV#1 stated he was traveling south on Commonwealth Ave as the road was about to merge from two lanes into one. He was on the left most lane, when he observed a black car come up beside his and tried to get in front of him. OpMV#1 stated he did not know about the vehicle until it collided with his front tire.

-OpMV#2 stated he was traveling south on Commonwealth Ave as the road was about to merge from two lanes into one. He was on the right most lane, where he observed a large white landscaping truck merging into him. OpMV#2 felt the collision with the truck's front tire.

- I conducted an inspection of both vehicle. I observed no damage to the front tire or the right side of MV#1. I did observe small scratches on the right rear passenger door of MV#2 that resulted from the

(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

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



#### Crash Narrative:

collision with MV#1.

- Both Operators moved off the road in front of 18 Old Colony Rd to safely handle the collision matter.

There were no injuries reported at the time of this report. Neither vehicle was towed from the scene and

OpM#1 was cited for Operating After Suspension (T2079504). See report19050505 for criminal application.

MV#1 was left legally parked in front of 18 Old Colony road waiting to be picked up by another company

employee. OpMV#1 took an Uber home from the scene.

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#### 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

DAVID A. CALDERON

NEWTON POLICE DEPART

11/22/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date