

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/06/2019		Time of Crash 00:46 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	
Route# Direction Name of Roadway/Street At				EAST 131 WOODLAND RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	3
Route# Direction Name of Intersecting Roadway/Street													
99		<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001252					
4		1		License # --- St MA DOB/Age ---		Reg # 5LE114 Reg Type PAN Reg State MA							12
				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2017 Veh Make FORD Veh Config. 2 20							
				Operator MANDELL ROSS Last First Middle		Owner LASELL POLICE Last First Middle							
				Address 1844 COMMONWEALTH AVE		Address 1844 COMMONWEALTH AVE							
				City NEWTON State MA Zip 02466		City NEWTON State MA Zip 02466							
				Insurance Company PHILADELPHIA INDEMNITY		Vehicle Action Prior to Crash 1 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							
				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									1
				Operator See Above		-----							
7		9		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 # 959SD7 Reg Type PAN Reg State MA							
				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2009 Veh Make TOYOTA Veh Config. 2 20							
				Operator SURICHAQUI EDUARDO Last First Middle		Owner (Same as operator) Last First Middle							
				Address 27 ANDOVER RD (apt. 2)		Address _____							
				City BILLERICA State MA Zip 01821		City _____ State _____ Zip _____							
				Insurance Company PROGRESSIVE DIRECT		Vehicle Action Prior to Crash 4 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							
				Citation # (If Issued) T1268432		Most Harmful Event 1 23							
				Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____		Driver Contributing Code 4 24 99 24							
				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Underride/Override 25 Towed N							
				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		-----							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Seminary Ave

Woodland Rd

Parking garage  
131 Woodland Rd

Unit 1

Unit 2

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 Seminary Ave in MA reg 5LE114 (vehicle #1), when he was t-boned on the driver's side by MA reg 959SD7 (vehicle #2). Operator #2 states that he was attempting to turn left out of the Arnow Campus Center parking garage and did not see vehicle #1 approaching from the right. It should be noted that the physical address of the parking garage appears to be 131 Woodland Rd, however the collision occurred on the Seminary Ave side.

All parties declined medical attention and no tows were needed. Vehicle #1 sustained significant damage along the driver's side doors. Vehicle #2 has moderate front end damage.

Operator #2 was issued Ma citation T1268432 in hand for Failure to Yield to Oncoming Traffic. 131 Woodland Rd will be the address used in documenting this crash.

**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