

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 12/10/2019	Time of Crash 10:36 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			WEST 2102 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				2 10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				Feet N S E W of _____ Landmark				11 3
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001276		
License # --- St MA DOB/Age ---			Reg # V10183 Reg Type CON Reg State MA				Veh Year 2019 Veh Make FORD Veh Config. 2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsement			Operator TAPIA LEONARDO Last First Middle				Owner (Same as operator) Last First Middle				12 1
Address 100 PROSPECT HILL RD (apt. F)			City WALTHAM State MA Zip 02451				City _____ State _____ Zip _____				
Insurance Company PROGRESSIVE			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				
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 1
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 # 8PE124 Reg Type PAN Reg State MA				Veh Year 2014 Veh Make FORD Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ Endorsement			Operator KELLY JOHN Last First Middle				Owner (Same as operator) Last First Middle				
Address 1249 GREAT PLAIN AVE			City NEEDHAM State MA Zip 02492				City _____ State _____ Zip _____				
Insurance Company SAFETY			Vehicle Action Prior to Crash 4 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				
Citation # (If Issued) _____			Most Harmful Event 1 23				5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 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 →

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:

On 12/10/2019 at approx 1036hrs while assigned to 497 i responded to the area of 2102 Commonwealth Av for a report of a 2 car crash. upon arrival I observed Ma Reg V10183 a red Ford F150 pick up with front plow partially on the curb blocking the EB lane of Commonwealth Ave and Ma Reg 8PE124 a black Ford Focus pulled off to the side WB with extensive front end damage. I spoke with the operator of the pick up, Leonardo TAPIA who stated he had been travelling WB on Commonwealth Av when the Ford Focus pulled out in front of him causing the collision. I spoke to the operator of the Ford Focus John KELLY who stated he was taking a left out of the parking lot of 2102 Commonwealth Av, traffic in the EB lanes stopped to let him out, as he was entering the WB lane he collided with the pick up. Ford Focus towed by Todys, both operators signed refusals with Cataldo.

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