

Commonwealth of Massachusetts

| Police Use Only | | | Motor Vehicle Crash Police Report | | | | RMV Document Number | | | | |
|--|--------------------------------|---------------------|--|---------------------|--|---|-------------------------|--|---|--|--|
| Date of Crash 12/17/2019 | Time of Crash 10:12 24HR | City/Town NEWTON | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 Latitude Longitude | State Police Local Police MBTA Police Other: | | | | | |
| AT INTERSECTION: | | | < LOCATION > | | | | NOT AT INTERSECTION: | | | | |
| SOUTH LEXINGTON ST | | | | | | | | | | | |
| Route# Direction Name of Roadway/Street | | | Route# Direction Address # Name of Roadway/Street | | | | | | | | |
| At | | | Feet N S E W of | | | | Mile Marker Exit Number | | | | |
| ORRIS ST | | | | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Route# Intersecting Roadway/Street | | | | | | | | |
| Also at Intersection with | | | Feet N S E W of | | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | | <input type="checkbox"/> Moped | | | Case Number 190001297 | | |
| License # --- St MA DOB/Age --- | | | Reg # 6DP357 Reg Type PAN Reg State MA | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2016 Veh Make TOY Veh Config. 1 20 | | | | | | | | |
| Operator ROSSENBLOOM SETH | | | Owner (Same as operator) | | | | | | | | |
| Address 32 ROCKRIDGE RD | | | Address | | | | | | | | |
| City WALTHAM State MA Zip 02453 | | | City State Zip | | | | | | | | |
| Insurance Company GEICO | | | Vehicle Action Prior to Crash 2 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? N | | | Event Sequence 1 22 22 22 22 | | | 2 3 4 | | | | | |
| Citation # (If Issued) | | | Most Harmful Event 1 23 | | | 1 9 10 Undercarriage | | | | | |
| Violation 1: Ch Sec Violation 2: Ch Sec | | | Driver Contributing Code 1 24 24 | | | 11 Totaled | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | Underride/Override 25 Towed N | | | 8 7 6 | | | | | |
| 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 # 7EW146 Reg Type PAN Reg State MA | | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2008 Veh Make TOYT Veh Config. 1 20 | | | | | | | | |
| Operator NAJERA BRAYAN | | | Owner (Same as operator) | | | | | | | | |
| Address 38 AUBURN ST | | | Address | | | | | | | | |
| City WALTHAM State MA Zip 02453 | | | City State Zip | | | | | | | | |
| Insurance Company LM GENERAL | | | Vehicle Action Prior to Crash 1 21 | | | Damaged Area Code: (Circle Up to Three) | | | | | |
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| Operator/Non-Motorist See Above | | | ----- | | | 1 4 4 0 0 10 1 | | | | | |
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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:

Operator of vehicle 1 stated he was traveling southbound on Lexington St when the vehicle in front of him stopped to make a left turn onto Orris St. Vehicle 1 came to a stop and was struck from behind by vehicle 2.

Operator of vehicle 2 stated he was traveling southbound on Lexington St when vehicle 1 came to a stop. Operator of vehicle 2 attempted to stop but slipped do to the wet conditions and struck the rear of vehicle 1.

Neither operator reported any injuries and neither vehicle required any 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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

12/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date