

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/25/2019		Time of Crash 17:39 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 267 DERBY ST 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	
Route# Direction Name of Intersecting Roadway/Street												4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001334						3	
License # --- St MA DOB/Age --- Sex M Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____ Operator LOPEZ SARCENO ROGELIO Address 177 NEWTON STREET City WALTHAM State MA Zip 02453 Insurance Company OCCIDENTAL FIRE AND CASUALTY				Reg # 28XY84 Reg Type PAN Reg State MA Veh Year 2009 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 23 1 9 10 Undercarriage Most Harmful Event 2 23 5 11 Totaled Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y								12	
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) T2013246 Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved												2	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above ----- 1 4 99 0 0 10 1									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		7 1	
License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company METROPOLITAN PROPERTY				Reg # 360YDX Reg Type PAN Reg State MA Veh Year 2012 Veh Make RANGE Veh Config. 2 20 Owner SMITH MICHAEL Address 2 (apt. 102) DUCK POND ROAD City BEVERLY State MA Zip 01915 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 23 1 9 10 Undercarriage Most Harmful Event 1 23 5 11 Totaled Driver Contributing Code 24 24 Underride/Override 25 Towed N								8 1	
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved													
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above -----									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

267 Derby Street

Derby Street

Motor Vehicle 1

Motor Vehicle 2

NOT TO SCALE

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:

Motor vehicle 1 (MV1) was traveling westbound on Derby St. when it side swiped motor vehicle 2 (MV2) which was legally parked in front of 267 Derby St. As a result of the crash MV1 sustained moderate passengers side damage, while MV2 sustained minor rear drivers side damage.

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