

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/03/2020	Time of Crash 10:23 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit <u>30</u> 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 1860 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000007		
License # _____ St MA DOB/Age _____			Reg # LV77612			Reg Type LVN			Reg State MA		
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2017			Veh Make CADI			Veh Config. <u>1</u> <u>20</u>		
Operator MAYNARD JR JOHN JOSEPH Last First Middle			Owner JB LIVERY SERVICE Last First Middle								
Address 32 TRINITY CIR			Address 349 WASHINGTON ST								
City ATTLEBORO State MA Zip 02703			City WEYMOUTH State MA Zip 02188								
Insurance Company HANOVER			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>						5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u>			Towed <u>Y</u>					
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
						1		4		28 Airbag Status	
						4		0		29 Airbag Switch	
						0		0		30 Eject Code	
						10		1		31 Trap Code	
						1		1		32 Injury Status	
						1		1		33 Transp. Code	
						NONE				Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										17	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____										Reg # 759NX2	
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____										Reg Type PAN	
Veh Year 2016										Reg State MA	
Veh Make FORD										Veh Config. <u>2</u> <u>20</u>	
Operator NIEVES MICHELE Last First Middle										Owner NIEVES DAVID Last First Middle	
Address 85 HIGHLAND VIEW DR										Address 85 HIGHLAND VIEW DR	
City SUTTON State MA Zip 07590										City SUTTON State MA Zip 01590	
Insurance Company CITIZENS										Vehicle Action Prior to Crash <u>1</u> <u>21</u>	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence <u>1</u> <u>22</u> <u>1</u> <u>22</u> <u>22</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										2 3 4	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										10 Undercarriage	
Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>										5 11 Totaled	
Underride/Override <u>25</u>										8 7 6	
Towed <u>N</u>											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
						1		4		28 Airbag Status	
						4		0		29 Airbag Switch	
						0		0		30 Eject Code	
						10		1		31 Trap Code	
						1		1		32 Injury Status	
						1		1		33 Transp. Code	
						NONE				Medical Facility	

→ 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 3 states he was traveling westbound on Washington St and had stopped to turn left into #1860 when he was struck from behind by vehicle 2.

Operator of vehicle 2 stated she saw vehicle 3 waiting to turn left and was slowing down as she approached him when she was struck from behind by vehicle 1 and pushed into vehicle 3. She stated she saw vehicle 1 coming up behind her in rear view mirror and it appeared he attempted to swerve at the last minute to avoid a collision but failed.

Operator of vehicle 1 stated he was traveling westbound on Washington St when he suddenly noticed vehicle 2 stop in front of him. He attempted to swerve right to avoid contact but struck the rear of vehicle 2 pushing it in to the rear of vehicle 3.

(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

MICHAEL ANTHONY IAROSS **NEWTON POLICE DEPARTMENT** **01/03/2020**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00

