Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
01/07/2020	10:15 24HR	NEWTON	2	0	30			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

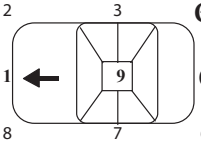
1 / 1 — Route# NORTH Direction CHESTNUT ST Name of Roadway/Street
At
Route# EAST Direction TAMWORTH RD Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street — 2 / 9
Feet N S E W of Mile Marker or Exit Number — 1 / 10
Feet N S E W of Route# Intersecting Roadway/Street
Feet N S E W of Landmark — 2 / 11

3 — ☒ Vehicle 1 — 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2000000021

License # --- St MA DOB/Age -- -- ----
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
4 / 1 — Operator SILVA-RODRIGUES (Last) INGRYD (First) (Middle)
Address 110 MIDDLESEX RD
City WALTHAM State MA Zip 02452
Insurance Company PROGRESSIVE
5 / 1 — Vehicle Travel Direction: ☒ S E W Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 / 1 — Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 8AT216 Reg Type PAN Reg State MA
Veh Year 2017 Veh Make TOYTOA Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle) — 1 / 12
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

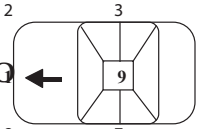
Please fill out for operator and all occupants involved — 1 / 13

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
Operator	See Above	--------	---	---	1	4	1	0	0	10	1	

7 / 2 — Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ----
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment
8 / 1 — Operator TOTH (Last) K. (First) ENDRE (Middle)
Address 54 AVALON ROAD
City NEWTON State MA Zip 02465
Insurance Company GEICO
Vehicle Travel Direction: ☒ 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

Reg # 3EX331 Reg Type PAN Reg State MA
Veh Year 2005 Veh Make HONDA Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 22 22 22 22
Most Harmful Event 1 23
Driver Contributing Code 19 24 24
Underride/Override 25 Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

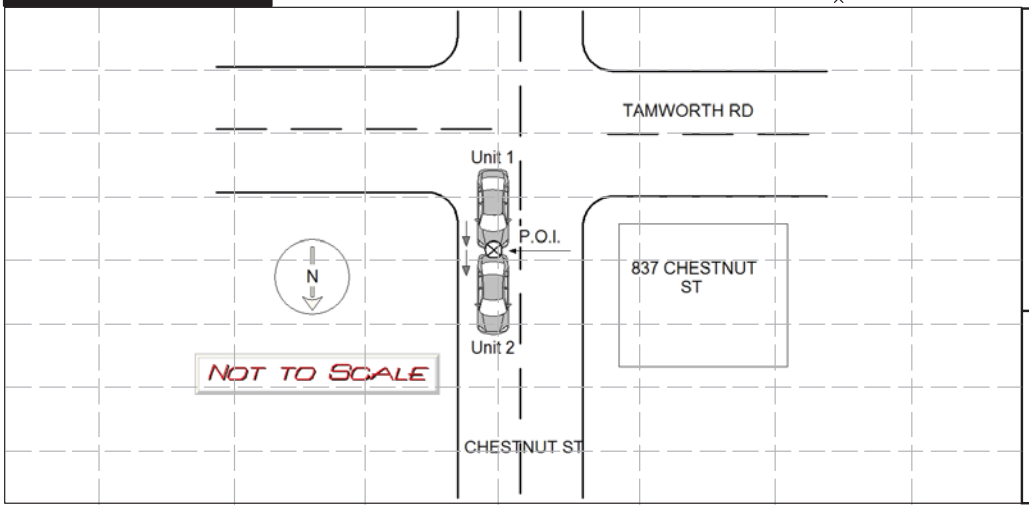
Please fill out for operator and all occupants involved

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	1	0	0	10	1	

Crash Diagram:

Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

ie: → 1 → 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:

On 1/7/20, I responded to the area of Chestnut St and Tamworth Rd for a two vehicle accident. The operator of MV1 (MA Reg: 8AT216) stated that she was driving northbound on Chestnut St when she was rear ended by vehicle 2. MV1 stated she was in stop an go traffic.

The operator of MV2 (MA Reg: 3EX331) stated that he was travelling northbound on Chesnut St when a vehicle in front of MV1 stopped quickly. MV2 stated that he could not stop and collided with the rear end of MV1.

MV1 sustained minor rear bumper damage. MV2 already had front bumper damage. Neither vehicle required a tow.

Both parties involved stated that they were not injured.

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 [35]

Address_____ City_____ St_____ Zip_____

US DOT #: _____ State Number_____ Issuing State _____ ICC #:_____ Interstate [36]

Cargo Body Type Code [37] Gross Vehicle Weight [38]

Trailer Reg #:_____ Reg Type_____ Reg State _____ Reg Year_____ Trailer Length [39]

Hazmat Information:

Placard [40] Material 1 digit # [41] Material Name_____ Material 4 digit # _____ Release code [42]

ANDREW SCOTT VELLO		NEWTON POLICE DEPARTM			01/07/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date