

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/24/2020	Time of Crash 07:42 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:					
CEDAR ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
COMMONWEALTH AVE			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street							
Also at Intersection with										
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 2000000091	
License # --- St MA DOB/Age ---			Reg # 19651			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2014			Veh Make FORD			Veh Config. 1 20	
Operator MACDONALD BRUCE			Owner (Same as operator)							
Address 39 MASON RD			Address _____							
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____							
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved									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									1	
Operator See Above			-----			99 4 99 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 XX DOB/Age ---			Reg # S54163			Reg Type CON			Reg State MA	
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2008			Veh Make CHEVY			Veh Config. 2 20	
Operator ORTIZ JOSE DOMINGO			Owner EXCELLENT PAINTII							
Address 15 SUMMER ST			Address 27 (apt. 2) EVERETT AVE							
City WATHAM State MA Zip 02453			City SOMERVILLE State MA Zip 02145							
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) T2013963			Most Harmful Event 1 23			1 9			5 11 Totaled	
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch 003 Sec _____			Driver Contributing Code 19 24 24			7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved									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									1	
Operator/Non-Motorist See Above			-----			99 4 99 0 0 10 1				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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 the above date/time I responded to the area of Comm Ave @ Cedar St for a report of a 2 vehicle crash.

Upon arrival I met with the operator of vehicle one Mr. MacDonald, he stated he was traveling north on Cedar St., passed through Comm Ave and did not observe vehicle two until impact.

The operator of vehicle two Mr.Ortiz stated through translation of Officer Garcia stated he was on Cedar St facing south he was taking a left (east) onto Comm Ave and had contact with vehicle number one.

Mr. Ortiz did not have a license and has been working for the company for approx. 3 years.

Neither party had any injuries, both vehicles were towed by Todys Towing.

At this time it appears that operator of vehicle two turned left too early into vehicle one which was traveling straight.

(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 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

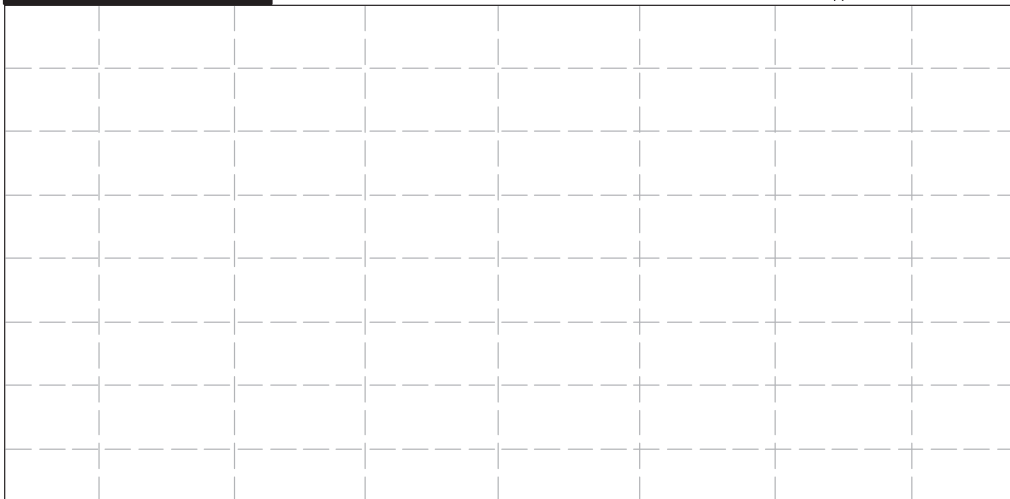
Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

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:

The following 2 citations were issued in hand to Mr. Ortiz

One for the company EXCELLENT PANTING INC

T2013962

90/12 EMPLOY UNLIC OPER \$ 1,005.00

One for Mr. Ortiz

T2013963

90/10 UNLIC OPER CRIM APP

C.O. 19-75 FAILURE TO USE CARE IN TURNING

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

ROCCO D MARINI

13963

NEWTON POLICE DEPART

01/24/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date