

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/29/2020	Time of Crash 21:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:					
<div><div>SOUTH</div><div>LEWIS TER</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>NEWTONVILLE AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000111			
License # --- St CA DOB/Age ---			Reg # 8ENX666		Reg Type PAN		Reg State CA			
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018		Veh Make HONDA		Veh Config. 1 20			
Operator MOSUGU DANIEL Last First Middle			Owner (Same as operator)		Last First Middle					
Address 447 W GLADSTONE AVE (apt. 1)			Address		Last First Middle					
City GELNDORA State CA Zip 91740			City		State Zip					
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 41 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 24 24		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y					
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		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			-----		3 3 4 0 0 8 2					
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 # 29ZJ81		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2007		Veh Make TOYOTA		Veh Config. 1 20			
Operator DELACRUZ AQUILES Last First Middle			Owner (Same as operator)		Last First Middle					
Address 86 CHESTER LANE			Address		Last First Middle					
City WALTHAM State MA Zip 02452			City		State Zip					
Insurance Company GEICO			Vehicle Action Prior to Crash 4 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		10 Undercarriage			
Citation # (If Issued) T2012618			Most Harmful Event 1 23		1 24 3 24		5 11 Totaled			
Violation 1: Ch 89/9 Sec Violation 2: Ch 89/8 Sec			Driver Contributing Code 4 24 3 24		Underride/Override 25 Towed Y					
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		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			-----		3 4 4 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:

Vehicle #1 was traveling west on Newtonville Ave. As Vehicle #1 passed Lewis Terrace Vehicle #2's front driver side end collided with the side of Vehicle #1.

Vehicle #2 was traveling south on Lewis Terrace. Vehicle #2 failed to stop at the Stop Sign at Lewis Terrance and Newtonville Ave and attempted to cross the west bound lane of Newtonville ave to make a left turn to go east on Newtonville Ave. Vehicle #2 failed to yield to Vehicle #1 who had the right of way. The driver of Vehicle #2 was cited with MGL 89/9 Stop Sign Violation and MGL 89/8 Fail to Yield to Oncoming Traffic (Citation #T2012618).

The Driver Of Vehicle #2 was not injured.

The Driver of Vehicle #1 suffered minor non life threatening injuries and was transported to Newton Wellesley

(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

Crash Narrative:
Hospital.
Vehicle #1 suffered heavy damage to it's passenger side and front end.
Vehicle #2 suffered minor damage to it's front end driver side.
Both Vehicles were towed by Todys. A towed MV form was completed and filed for both vehicles
Photos of the damaged property at #3 Lewis Ter. was photographed and turned into the IT bureau.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

KEVIN DONOVAN			NEWTON POLICE DEPT#3		01/29/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					