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|---|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|--|---------------------|---|--|--|----|---|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 02/07/2020 | | Time of Crash 08:21 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit 30 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 | | |
| EAST CENTRE ST Route# Direction Name of Roadway/Street At | | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number | | | | | | | | 10 | | |
| 9 EAST BOYLSTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | | 11 | | |
| Route# Direction Name of Intersecting Roadway/Street | | | | Landmark | | | | | | | | 2 | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 200000129 | | | | | 3 | |
| License # --- St MA DOB/Age --- | | | | Reg # T37084 Reg Type CON Reg State MA | | | | Veh Year 2005 Veh Make FORD Veh Config. 2 20 | | | | | 12 | |
| Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement | | | | Operator MORALES ERICK Last First Middle Address 182 PRINCETON AVE City WALTHAM State MA Zip 02453 Insurance Company SAFETY | | | | | | | | 1 | | |
| Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y | | | | | | | | 13 | | |
| Citation # (If Issued) _____ | | | | Violation 1: Ch 90/104 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | 1 | | |
| 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 | | | | | | | | 13 | | |
| Operator | | | | See Above | | | | | | | | 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 | | 7 |
| License # --- St MA DOB/Age --- | | | | Reg # 8765XX Reg Type PAN Reg State MA | | | | Veh Year 2011 Veh Make BMW Veh Config. 1 20 | | | | | 8 | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement | | | | Operator NG BETTY Last First Middle Address 5 FRANCIS ST City DOVER State MA Zip 02030 Insurance Company ARBELLA | | | | | | | | 4 | | |
| Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? N | | | | Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y | | | | | | | | 13 | | |
| Citation # (If Issued) _____ | | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | 1 | | |
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| Operator/Non-Motorist | | | | See Above | | | | | | | | 1 | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Center St

Unit 1

Unit 2

Boylston St

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:

Betty NG was operating vehicle 2. Betty states that she was stopped at the stop sign on the Center St ramp to Rte 9 E/B when she was struck from behind by vehicle 1.

Erick Morales was operating vehicle 1 behind NG. Erick state that vehicle 1 stopped short and he struck her in the rear. Erick states that he has no license. I spoke to the owner of Ericks truck who stated that he had no idea Erick was unlicensed. Erick was issued citation #T2015214 Ch. 90 S.10 unlicensed operation.

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

02/07/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date