

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/08/2020	Time of Crash 09:57 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:					
CURTIS ST								9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet N S E W of _____ or _____							
WEST WINCHESTER ST			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11		
Also at Intersection with			Route# Intersecting Roadway/Street					4		
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 200000134			
License # --- St MA DOB/Age ---			Reg # 61VS77		Reg Type PAS		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make AUDI		Veh Config. 2 20			
Operator LITVAK ELLA			Owner (Same as operator)					12		
Address 57 SCOTNEY RD			Address _____							
City NEWTON State MA Zip 02467			City _____ State _____ Zip _____							
Insurance Company COMMERCE INS			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 22 22 22		2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23		10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		6					
Please fill out for operator and all occupants involved								13		
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								1		
Operator See Above										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # V21040		Reg Type CON		Reg State MA			
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2014		Veh Make GMC		Veh Config. 2 20			
Operator CARPIO LUIS			Owner CONSTRUCTION IN MLZ							
Address 55 RICHMOND ST			Address 59 (apt. 2) RICHMOND ST							
City BROCKTON State MA Zip 02301			City BROCKTON State MA Zip 02301							
Insurance Company PILGRIM INS.			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 22 22 22		2 3 4					
Citation # (If Issued) T2013434			Most Harmful Event 1 23		10 Undercarriage					
Violation 1: Ch 90/23/F Sec _____ Violation 2: Ch 90/9/B Sec _____			Driver Contributing Code 4 24 24		5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		6					
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above										
CELA, MARIA			55 RICHMOND ST BROCKTON, MA 02301							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

WINCHESTER ST

Unit 2

Unit 2

Unit 1

NOT TO SCALE

#53 WINCHESTER ST

CURTIS 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:

On 02/08/20 I responded to the intersection of Winchester St and Curtis St for a two vehicle crash. M.V. #1 stated she was driving due West on Winchester St. when veh #2 side swiped her in the same direction. The Operator of veh#2 stated he was driving due West on Winchester St. when veh #1 tried making a U-turn near Curtis St. and turned into his passenger side. The operator of veh#2 does not have an active license and was driving a work van with an expired registration. Both vehicles were towed by Tody's Towing. The operator of veh#2 was handed Mass. Criminal Citation #T2013434 for Ch 90 / Sec 23- Operating after License Suspension (subsequent offense) and Ch 90 / Sec 9- Unregistered M.V. on a public way. Operator of veh #2 has 11 arraignments on his adult B.O.P. with mostly motor vehicle offenses. I completed a towed m.v. form for veh #2, scanned it into this report and placed the citation into the court packet. All roads traveled/mentioned

(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

