

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/13/2020		Time of Crash 14:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:							
<div><div>NORTH</div><div>WALNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>CENTRE ST</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 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000148							
License # --- St MA DOB/Age ---						Reg # US96JD Reg Type PAS Reg State MA							
Sex M Lic. Class D 18 M 18 Lic. Restrictions J 19 CDL Endorsment						Veh Year 2001 Veh Make JEEP Veh Config. 2 20							
Operator MARCHESINI JARRED S						Owner (Same as operator)							
Address 10 WASHINGTON ST						Address							
City BEDFORD State MA Zip 01730						City State Zip							
Insurance Company CITIZENS						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							
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N							
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						99 4 4 0 0 10 1							
CAVALLARO, JESSICA 18 GENETTI ST BEDFORD, MA 01730						F 3 99 4 4 0 0 8 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 MA DOB/Age ---						Reg # US66MP Reg Type PAS Reg State MA							
Sex M Lic. Class A 18 M 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2011 Veh Make FORD Veh Config. 2 20							
Operator MARTIN JAMES V						Owner (Same as operator)							
Address 21 DWELLEY AVE						Address							
City HANOVER State MA Zip 02339						City State Zip							
Insurance Company PLYMOUTH ROCK						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) T2080050						Most Harmful Event 1 23							
Violation 1: Ch 19/71 Sec Violation 2: Ch Sec						Driver Contributing Code 5 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed N							
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/Non-Motorist See Above						99 4 4 0 0 10 1							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Centre St

Walnut St

MV#2

MV#1

N

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 operator of MV#1 stated he was travelling westbound on Centre St when he was struck by MV#2 from behind. MV#1 sustained non visible damages to its rear end. The operator of MV#1 stated he was not injured. The front passenger of MV#1 stated sustained non-incapacitating injury to her head. She was evaluated by Newton Paramedics and signed a patient refusal of treatment.

The operator of MV#2 stated he was travelling westbound on Centre St directly behind MV#1 and observed MV#1 abruptly stop at the green light causing him to strike it. MV#2 sustained heavy front end damages. There were no reported injuries to the operator of MV#2.

Based on the statements made to me, I issued in hand to the operator of MV#2 MA uniform citation #T2080050 for city ordinance violation 19-71 following too closely.

**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