

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/14/2020	Time of Crash 08:15 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit 35 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:				
30 WEST COMMONWEALTH AVE Route# Direction Name of Roadway/Street At NORTH TEMPLE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000153		
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator OLIVEIRA ESTER M Address 108 DELMONT AVE (apt. 20) City LOWELL State MA Zip 01852 Insurance Company NATIONAL CONTINENTAL			Reg # V31979 Reg Type CON Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) 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								
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			Operator See Above --- --- 99 1 99 0 0 10 1 NONE								
PERUZZI, JESSICA 108 DELMONT AVE (apt 20) LOWELL, MA 01852			--- --- F 6 99 4 99 0 0 10 1 NONE								
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JOBEILY ANDRE Address 15 PLYMOUTH TERRACE City METHUEN State MA Zip 01844 Insurance Company SAFETY			Reg # 6EC526 Reg Type PAN Reg State MA Veh Year 2015 Veh Make MERZ Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 3 24 19 24 5 11 Totaled Underride/Override 25 Towed Y								
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			Operator/Non-Motorist See Above --- --- 99 4 99 0 0 8 1 NONE								
MCKENZIE, SCOTT, W 41 BONNYBROOK RD NEWTON, MA 02468			--- --- M 6 0 4 99 0 0 8 97 NWH								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

Operator of vehicle #1 stated she was travelling Westbound on Commonwealth Ave when her vehicle was struck suddenly by vehicle #2. Operator of vehicle #1 Stated that he was travelling North bound and stopped at the stop sign at the intersection of Temple St. and Commonwealth Ave. Operator #1 entered the travel lane and struck vehicle #1. A passenger in vehicle #2 (Uber Vehicle) was transported to NWH by a family member prior to the arrival of EMS. Both vehicles were towed due to extensive damage.

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

DANIEL NARDELLI NEWTON POLICE DEPT 02/14/2020

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00