

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/21/2020	Time of Crash 15:56 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
WEST WASHINGTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____				
SOUTH ARMORY ST Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Route# _____ Direction _____ Name of Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000175		
License # _____ St MA DOB/Age _____			Reg # 878ME8 Reg Type PAN Reg State MA			Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 1999 Veh Make HONDA Veh Config. <u>1</u> <u>20</u>		
Operator NEVAREZ MICHAEL Last First Middle			Owner (Same as operator) Last First Middle			Address _____			City _____ State _____ Zip _____		
Address 19 SALISBURY RD			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u> Towed <u>N</u>			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
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 Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above - - - - - 1 4 4 0 0 10 1		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped					
License # _____ St MA DOB/Age _____			Reg # 2HJ726 Reg Type PAN Reg State MA			Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>B</u> <u>19</u> CDL _____			Veh Year 2004 Veh Make TOYOTA Veh Config. <u>1</u> <u>20</u>		
Operator YIP PETER Last First Middle			Owner (Same as operator) Last First Middle			Address _____			City _____ State _____ Zip _____		
Address 1946 WASHINGTON ST (apt. 135)			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			Most Harmful Event <u>1</u> <u>23</u>			Driver Contributing Code <u>4</u> <u>24</u> <u>24</u>		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Underride/Override <u>25</u> Towed <u>N</u>			Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		
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 Sex Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above - - - - - 1 4 4 0 0 10 1		

→ 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:

Vehicle #1 was traveling West on Washington St.

Vehicle #2 was traveling South on Armory St. Vehicle #2 entered the Westbound travel lanes of Washington St. to turn left to go East on Washington St. When Vehicle #2 entered the middle westbound travel lane failing to yield to oncoming traffic and was struck by Vehicle #1. The Operator of Vehicle #2 stated he could not see the second travel lane westbound travel lane due to his view being obstructed by a large van.

There were no injuries reported and both operators declined medical attention.

Vehicle #1 sustained minor damage to it's front passenger side.

Vehicle #2 sustained minor damage to it's front end.

No tows were needed and both vehicles were able to drive away from the scene.

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

KEVIN DONOVAN		NEWTON POLICE DEPT.	02/21/2020
Police Officer Name (Please Print)	Signature	ID/Badge # Department	Precinct/Barracks Date

CDP1 11 -24:00