Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
02/26/2020	07:46 24HR	NEWTON	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 / 1 — Route# | Direction | Name of Roadway/Street: MYRTLE ST
At
16 | WEST | WASHINGTON ST
Route# | Direction | Name of Intersecting Roadway/Street

2 / 1 — Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with

Route# | Direction | Address # | Name of Roadway/Street

_____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or _____ Exit Number

_____ Feet [N S E W] of Route# _____ Intersecting Roadway/Street

_____ Feet [N S E W] of Landmark

2 / 9 — 2 / 10 — 2 / 11

3 — ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number: 2000000188

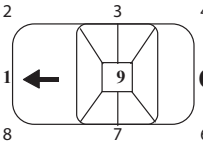
License # --- St MA DOB/Age -- -- ----
Sex M | Lic. Class D (18/18) | Lic. Restrictions 1 (19) | CDL Endorsment
Operator LEVINE (Last) ANDREW (First) (Middle)
Address 6 MUSKET LANE
City SUDBURY State MA Zip 01776
Insurance Company COMMERE

Reg # 2NZ986 Reg Type PAN Reg State MA
Veh Year 2017 Veh Make LEX Veh Config. 2 (20)
Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip

4 / 1 — 1 / 12

5 — Vehicle Travel Direction: [N S E ☒] Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 / 2 — Violation 3: Ch Sec Violation 4: Ch Sec

Vehicle Action Prior to Crash: 2 (21)
Event Sequence: 1 (22) | 22 | 22 | 22 | 22
Most Harmful Event: 1 (23)
Driver Contributing Code: 1 (24) | 24
Underride/Override: 25 Towed N

Damaged Area Code: (Circle Up to Three)


10 Undercarriage
11 Totaled

1 / 13

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
Operator	See Above	--------	---	---	1	4	4	0	0	10	1	NONE

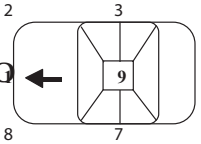
7 / 3 — Please Select One of the Following: ☒ Vehicle 2 | 1 #Occupants | ☐ Non-Motorist A Type 14 | Action 15 | Location 16 | Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ----
Sex M | Lic. Class D (18/18) | Lic. Restrictions 1 (19) | CDL Endorsment
Operator SAINT-PAUL (Last) HUBERT (First) (Middle)
Address 570 WALK HILL ST (apt. 2)
City BOSTON State MA Zip 02126
Insurance Company NATIONAL

Reg # LV8T031 Reg Type LVN Reg State MA
Veh Year 2011 Veh Make FORD Veh Config. 2 (20)
Owner VETERANS TAXI (Last) (First) (Middle)
Address 224 CALVARY ST
City WALTHAM State MA Zip 02453

8 / 1 — Vehicle Travel Direction: [N S E ☒] Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
Violation 3: Ch Sec Violation 4: Ch Sec

Vehicle Action Prior to Crash: 1 (21)
Event Sequence: 1 (22) | 22 | 22 | 22 | 22
Most Harmful Event: 1 (23)
Driver Contributing Code: 6 (24) | 24
Underride/Override: 25 Towed N

Damaged Area Code: (Circle Up to Three)


10 Undercarriage
11 Totaled

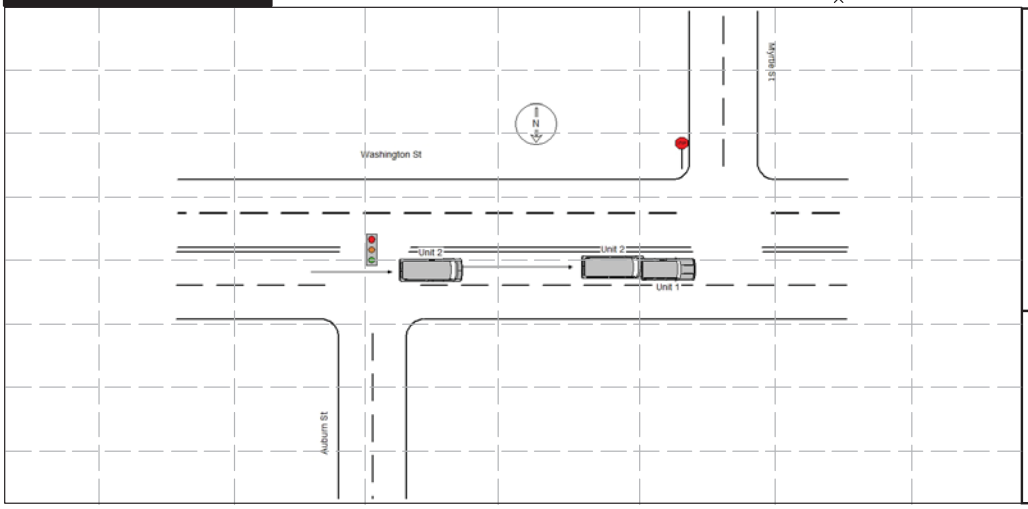
Please fill out for operator and all occupants involved

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
Operator/Non-Motorist	See Above	--------	---	---	1	4	4	0	0	10	1	NONE

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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 states he was traveling westbound on Washington St in the left lane and activated his left turn signal and came to a complete stop waiting to turn left onto Myrtle St when he was rear ended by vehicle 2.

Operator of vehicle 2 stated he was traveling westbound in the left lane of Washington St. Operator stated he had the green light at Auburn St when vehicle 1 took a right turn from Auburn St onto Washington St (WB) and moved to the left lane in front of him giving him no time to yield and he rear ended him.

Neither operator reported any injuries. Neither vehicle required a tow.

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]

MICHAEL ANTHONY IAROSSI		NEWTON POLICE DEPARTM			02/26/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00