

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/28/2020	Time of Crash 14:22 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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>SOUTH</div><div>BEACON ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WASHINGTON 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 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000197			
License # --- St MA DOB/Age ---			Reg # LV84785 Reg Type PAS Reg State MA			Veh Year 2019 Veh Make LINCOLN Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator KHOURY SAID CHAFIC			Owner CDM MANAGEMENT				
Address 42 MYRTLE ST			Address 171 SHERIDAN ST			City NEASTON State MA Zip 02356				
Insurance Company PHILADELPHIA INDEM			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23				
Citation # (If Issued)			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 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 See Above				
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 DOB/Age ---			Reg # 571VV8 Reg Type PAS Reg State MA			Veh Year 2016 Veh Make HYUNDAI Veh Config. 1 20				
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment			Operator DECARVALHO ELIANE			Owner (Same as operator)				
Address 111 VERNAL ST (apt. 2)			Address			City EVERETT State MA Zip 02149				
Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23				
Citation # (If Issued) T2013012			Driver Contributing Code 9 24 24			Underride/Override 25 Towed N				
Violation 1: Ch 90/10/A Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 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				

→ 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 MV 1 STATED HE WAS TRAVELING EASTBOUND ON WASHINGTON ST AND WAS STOPPED AT THE RED LIGHT AT THE INTERSECTION OF BEACON ST. OPERATOR 2 WAS ALSO STOPPED AT THE RED LIGHT IN THE TRAVEL LANE NEXT TO MV 1 AND TURNED INTO MV 2. MINOR DAMAGE SUSTAINED TO MV 1 ON THE DRIVERS SIDE FRONT AND MINOR DAMAGE SUSTAINED TO THE PASSENGER FRONT OF MV 2. NO INJURIES OR TOWS REPORTED. DUE TO MY INVESTIGATION THE OPERATOR OF MV 2 WAS CITED FOR CH.90 S.10 FOR UNLICENSED OPERATION.

**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

**MATTHEW W COLELLA**      **NEWTON POLICE DEPT**      **02/28/2020**

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

CDP1 11 -24-00