

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/02/2020	Time of Crash 07:31 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 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:			
Route# Direction Name of Roadway/Street At			NORTH 525 WALTHAM ST				Route# Direction Address # Name of Roadway/Street			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street _____			
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark _____			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000204	
License # --- St MA DOB/Age ---			Reg # 8XFJ40 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make HYUN Veh Config. 1 20			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	
Operator MILLER RYAN P			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 58 MORaine ST			Address _____			City _____ State _____ Zip _____			Insurance Company PROGRESSIVE	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) _____	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 2 21			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 See Above			Operator	
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 # T98079 Reg Type CON Reg State MA			Veh Year 2014 Veh Make FORD Veh Config. 2 20			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	
Operator GARCIA RASILO DEJESUS			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____	
Address 44 MANSFIELD ST (apt. 2)			Address _____			City _____ State _____ Zip _____			Insurance Company COMMERCE	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) _____	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 1 23			Driver Contributing Code 5 24 24			Underride/Override 25 Towed N	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 1 21			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			Operator/Non-Motorist	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington St

Waltham St

#525

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 took a right off of Washington St onto Waltham St when a pedestrian crossed the street in front of 525 Waltham St. Vehicle 1 stopped to let the pedestrian proceed and was rear ended by vehicle 2. 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

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

MICHAEL ANTHONY IAROSSO NEWTON POLICE DEPART 03/02/2020

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

CDP1 11 -24-00