

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number										
Date of Crash 03/11/2020	Time of Crash 16:06 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>										
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:										
NORTH CENTRE ST Route# Direction Name of Roadway/Street At EAST COMMONWEALTH AVE 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 200000227								
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ACOSTA PERAZA CHRISTIAN G Address 120 BLOOMINGDALES ST (apt. B) City CHELSEA State MA Zip 02150 Insurance Company PROGRESSIVE			Reg # 1RET98 Reg Type PAN Reg State MA Veh Year 2009 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled														
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 --- --- 1 4 4 0 0 10 1														
SIERRA, NATALIE 645 BENNINGTON STREET E BOSTON, MA 02128 --- F 3 1 4 4 0 0 10 1																	
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JORDAN JACQUELINE Address 176 WALNUT STREET City WELLESLEY State MA Zip 02481 Insurance Company GEICO			Reg # 5FJ256 Reg Type PAN Reg State MA Veh Year 2004 Veh Make TOYOTA Veh Config. 1 20 Owner JORDAN BRIAN Address 176 WALNUT STREET City WELLESLEY State MA Zip 02481 Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled														
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→ 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:

On 03/11/2020, while assigned to N495, I, Officer Conary, responded to the intersection of Centre Street at Commonwealth Ave for a minor motor vehicle accident. Upon arrival, MV1 passenger was getting evaluated by the medics. I spoke to the Operator of MV1 and he stated he was traveling Northbound on Centre street and stopped at the red light at the intersection. He began to roll forward only a couple feet then he came to a complete stop again. At this time, there was a green left signal only for the left lane only. MV2 hit MV1 from the rear. Operator of MV1 said the other driver was distracted.

Operator of MV2 traveling Northbound on Centre Street, behind MV1, came to a stop at intersection. She saw the green left signal only and proceeded forward hitting MV1. Operator of MV2 said that she wasn't paying complete attention.

(Continued on next page)

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

KRISTINA CONARY **NEWTON POLICE DEPT** **03/11/2020**

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

CDP1 11 -24:00

