

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 06/04/2020		Time of Crash 10:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9		
Route# Direction Name of Roadway/Street At				EAST 755 DEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2	10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	4	
Route# Direction Name of Intersecting Roadway/Street														
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000315						
License # --- St XX DOB/Age ---				Reg # T63185 Reg Type CON Reg State MA										
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2017 Veh Make GMC Veh Config. 2 20										
Operator DE SOUSA ROGERIO Last First Middle				Owner (Same as operator) Last First Middle										
Address 190 ELM ST				Address _____										
City MARLBOROUGH State MA Zip 01752				City _____ State _____ Zip _____										
Insurance Company OHIO SECURITY				Vehicle Action Prior to Crash 5 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 2				3 4						
Citation # (If Issued) T2081232				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch 90/10 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6						
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 99 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 ---				Reg # 3RBZ61 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make JEEP Veh Config. 2 20										
Operator HERMANEK JOHN Last First Middle				Owner (Same as operator) Last First Middle										
Address 48 MCCARTHY RD				Address _____										
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____										
Insurance Company PURE				Vehicle Action Prior to Crash 1 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 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6						
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 99 0 0 8 2				NWH						

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#755 DEDHAM ST

MV#1

MV#2

N

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:

OPER OF MV#1, WAS TRAVELLING (EB) ON DEDHAM ST, AND WHILE MAKING AN ATTEMPT TO CHANGE INTO A LEFT LANE, STRUCK THE REAR OF MV#2.

MV#2 WAS TRAVELLING EB ON DEDHAM ST, WHEN MV#1 CHANGED LANES STRIKING THE REAR PASSENGER SIDE BUMPER. BOTH VEHICLES SUSTAINED MINOR DAMAGE.

OPER OF MV#2 WAS TRANSPORTED TO NWH WITH BACK PAIN.

OPER OF MV#1 DID NOT HAVE A VALID LICENSE AND WAS CITED (CRIMINAL APPLICATION) FOR 90/10 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

RICHARD F BENES NEWTON POLICE DEPARTM 06/04/2020

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

CDP1 11 -24:00