

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 07/21/2020		Time of Crash 16:08 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:						9				
SOUTH CHESTNUT 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								2	10			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000393					11	3		
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BOUDREAU KEVIN Address 33 BERKELEY ST City WEST NEWTON State MA Zip 02465-2401 Insurance Company USAA CASUALTY INSURANCE COMPANY				Reg # 1CJM26 Reg Type PAN Reg State MA Veh Year 2020 Veh Make JEEP Veh Config. 1 20 Owner USB LEASING LT Address 679 BOX City WILMINGTON State OH Zip 45177 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 1 24 5 11 Totaled Underride/Override 25 Towed Y								12	1			
Please fill out for operator and all occupants involved				13												
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				1												
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		13
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator GOMES DE OLIVEIR DANIEL Address 346 TURNPIKE RD (apt. 2212) City WESTBOROUGH State MA Zip 01581-2904 Insurance Company PROGRESSIVE DIRECT INSURANCE				Reg # 7GN415 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 1 24 5 11 Totaled Underride/Override 25 Towed Y								8	1			
Please fill out for operator and all occupants involved				13												
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				1												
Operator/Non-Motorist See Above																

Crash Narrative:
MV1 was traveling southbound on Chestnut St towards Commonwealth Ave. MV1 stated he had a green light. MV2
was traveling Eastbound on Commonwealth Ave towards Chestnut St. MV2 stated he had a green light. MV1 and MV2
made contact at the intersection of Chestnut St and Commonwealth Ave. Both vehicles airbags deployed. Medics
arrived and both patients refused treatment. Tody's came and towed away both vehicles. Both operators took
their belongings with them from their respective vehicles.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

JOHN MILDNER			NEWTON POLICE DEPT#3		07/21/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					