

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/29/2020	Time of Crash 08:10 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	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:					
<div><div>NORTH</div><div>RIVER ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>AUBURNDALE AVE</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 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000410			
License # --- St MA DOB/Age ---			Reg # 2MT654		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2015		Veh Make TOYT		Veh Config. 2 20			
Operator CHATTERJEE KOUSHIK			Owner (Same as operator)							
Address 236 CHERRY ST			Address							
City NEWTON State MA Zip 02465			City		State		Zip			
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totalled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
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 4 0 0 10 1					
CHATTERJEE, RIVA			236 CHERRY ST NEWTON, MA 02465		F 6 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 ---			Reg # 376IJ7		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2018		Veh Make TOYT		Veh Config. 2 20			
Operator HAHN CYNTHIA A			Owner (Same as operator)							
Address 4 AVONDALE ROAD			Address							
City NEWTON State MA Zip 02459			City		State		Zip			
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totalled			
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Operator/Non-Motorist See Above			-----		1 4 4 0 0 10 1					

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Route# Direction Name of Roadway/Street At			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 _____							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 3 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000410	
License # --- St MA DOB/Age ---			Reg # 1HEA85			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2006			Veh Make HONDA			Veh Config. 2 20	
Operator MAROTTI MARIANA			Owner MAROTTI ROGERIO							
Address 50 WILDER ST			Address 23 (apt. 5) WALNUT ST							
City BROCKTON State MA Zip 02301			City STOUGHTON State MA Zip 02072							
Insurance Company OCCIDENTAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage	
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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 4 0 0 10 1				
FERNANDES, BERNARDO			50 WILDER ST BROCKTON, MA 02301			M 6 4 4 4 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # ---			Reg Type ---			Reg State ---	
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year ---			Veh Make ---			Veh Config. 20	
Operator ---			Owner ---							
Address ---			Address ---							
City --- State --- Zip ---			City --- State --- Zip ---							
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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Operator/Non-Motorist See Above			-----			-----				

→ Direction

ie: → 1 → 2 →

1 Vehicle 1

2 Vehicle 2

Pedestrian

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:

The operator of MV#1 stated that while traveling north on River St he slowed to a stop after using his directional to make a left hand turn onto Auburndale Ave. Operator #1 stated that he then heard a crash and then felt his MV get struck from the rear by MV#2.

The operator of MV#2 stated that she was also traveling north on River St directly behind MV#1, when she observed MV#1 use his directional to turn left onto River St. Operator #2 stated that they both slowed to a stop when her MV was rear ended by MV#3. MV#2 was then pushed into MV#1.

The operator of MV#3 stated that she was also traveling north on River St directly behind MV#2 when she observed MV#2 stop suddenly and she was unable to stop and struck MV#2.

No injuries reported.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42