

| Police Use Only   |                                |                     | Commonwealth of Massachusetts   |                    |                        |   | RMV Document Number    |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--------------------------------|---------------------|---|--------------------|------------------------|---|------------------------|---------------------|--|--|-----------------------|--------------------------|---------|---------|-----|--------------------|------------------------|------------------------|------------------------|---------------------|--------------------|------------------------|-----------------------|------------------|-----------------------|-----------|-------|-----|-----|----|---|----|---|---|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date of Crash<br>08/04/2020   | Time of Crash<br>15:41<br>24HR | City/Town<br>NEWTON | <b>Motor Vehicle Crash<br/>Police Report</b>  |                    |                        |   | Number Vehicles<br>2   | Number Injured<br>0 | Speed Limit <u>25</u><br>Latitude _____<br>Longitude _____                 | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >  |                    |                        |   | NOT AT INTERSECTION:   |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>NORTH</b><br>Route# Direction Name of Roadway/Street<br>At<br><b>EAST</b><br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with<br>Route# Direction Name of Intersecting Roadway/Street   |                                |                     | <b>CRAFTS ST</b><br>Route# Direction Address # Name of Roadway/Street<br>Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ or _____<br>Mile Marker Exit Number<br>Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____<br>Route# Intersecting Roadway/Street<br>Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____<br>Landmark  |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants   |                                |                     | <input type="checkbox"/> Hit/Run  |                    |                        | <input type="checkbox"/> Moped                          |                        |                     | Case Number<br>200000425   |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| License # --- St <u>MA</u> DOB/Age ---<br>Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____<br>Operator <u>TELLEZ</u> <u>MARIO</u><br>Address <u>3 TAYLOR ST.</u><br>City <u>WALTHAM</u> State <u>MA</u> Zip <u>02453</u><br>Insurance Company <u>ACE AMERICAN INS.</u>   |                                |                     | Reg # <u>T17607</u> Reg Type <u>CON</u> Reg State <u>MA</u><br>Veh Year <u>2017</u> Veh Make <u>NISSAN</u> Veh Config. <u>1</u> <u>20</u><br>Owner <u>GELCO</u> <u>CORPORATION</u><br>Address <u>3 CAPITAL DR.</u><br>City <u>EDEN PRAIRIE</u> State <u>MN</u> Zip <u>55344</u><br>Vehicle Action Prior to Crash <u>2</u> <u>21</u> Damaged Area Code: (Circle Up to Three)<br>Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>8</u> <u>4</u><br>Most Harmful Event <u>1</u> <u>23</u> <u>10</u> Undercarriage<br>Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled<br>Underride/Override <u>25</u> Towed <u>N</u>   |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u><br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____                                    |                                |                     |   |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Operator  | See Above                      | -----               | ---   | ---                | 1                      | 4   | 99                     | 0                   | 0  | 10   | 1                     |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                                |                     |   |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                                |                     |   |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                                |                     |   |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants   |                                |                     | <input type="checkbox"/> Non-Motorist A Type <u>14</u>  |                    |                        | Action <u>15</u> Location <u>16</u> Condition <u>17</u> |                        |                     | <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? <u>N</u><br>Citation # (If Issued) <u>T2014384</u><br>Violation 1: Ch <u>90/23/T</u> Sec _____ Violation 2: Ch <u>89/4A</u> Sec _____<br>Violation 3: Ch <u>90/24/C</u> Sec _____ Violation 4: Ch _____ Sec _____ |                                |                     |   |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Operator/Non-Motorist   | See Above                      | -----               | ---   | ---                | 99                     | 4   | 99                     | 0                   | 0  | 10   | 1                     |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                                |                     |   |                    |                        |   |                        |                     |  |  |                       |                          |         |         |     |                    |                        |                        |                        |                     |                    |                        |                       |                  |                       |           |       |     |     |    |   |    |   |   |    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

North St.

Crafts St.

NOT TO SCALE

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:**

MV 1 was travelling North on Crafts St. when MV 1 pulled up to the light at the intersection of Crafts St. and North St. MV 1 was in the left lane and that there was another vehicle in the right lane turning right. MV 2 drove between MV 1 and the car next to MV 1 scratching the side of MV 1 passenger mirror. MV 2 then drove around the vehicle that was to the right and proceeded to take a right on to North St.

**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

JEREMY FAY

NEWTON POLICE DEPT.

08/04/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date