

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 08/10/2020		Time of Crash 04:59 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1		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			
NORTH BROOKLINE ST												2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								10			
At								Feet N S E W of _____ or _____							
WEST VINE ST								Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street								Feet N S E W of _____				11			
Also at Intersection with								Route# Intersecting Roadway/Street				1			
Route# Direction Name of Intersecting Roadway/Street								Landmark							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number		200000440							
License # --- St MA DOB/Age ---				Reg # 7DZ958 Reg Type PAN Reg State MA											
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make HOND Veh Config. 1 20											
Operator PEREZ SAMUEL				Owner GRULLON-LUGO JOSE											
Address 331/2 BARCLAY ST (apt. 1)				Address 33 (apt. 1) BARCLAY ST											
City WORCESTER State MA Zip 01604				City WORCESTER State MA Zip 01604											
Insurance Company GOVT EMPLOYEE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 21 22 22 22 22				Event Sequence 21 22 22 22 22							
Citation # (If Issued) T1273442				Most Harmful Event 21 23				Most Harmful Event 21 23							
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				Driver Contributing Code 4 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				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		13	
Operator See Above				-----				99 1 4 0 0 8 2				NEWTON WELLESLEY H		21	
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 1 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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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24				Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____				Underride/Override 25 Towed _____							
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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/Non-Motorist See Above				-----				-----							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 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:**

On Monday, August 10th 2020 at 0459 hours, I responded to the intersection of Brookline St at Vine St for a one vehicle accident into a City Of Newton Tree. The vehicle was a Black Honda Accord Mass Reg # 7DZ958. Upon arrival, Samuel Perez was outside the vehicle and no operation of the vehicle was witnessed. There was no drugs or alcohol inside the vehicle. The vehicle appeared to have been operated heading west on Vine St. The vehicle continued through the stop sign at Vine St straight into Brookline St where the vehicle collided into a City of Newton Tree. Pictures were taken and submitted to IT. The airbag was deployed. Perez complained of chest and head pain. Perez was taken by Ambulance to Newton Wellesley Hospital. There was extensive damage to the front of the vehicle. Tody's Towed the vehicle. A Towed Motor Vehicle Inventory form was completed. Perez was mailed Mass Uniform Citation #T1273442 in the amount of \$ 105 for M.G.L Ch. 89/9

(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
CITY OF NEWTON,,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 02		3	CITY TREE

**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

NICHOLAS JAMES GAMBLE      NEWTON POLICE DEPART      08/10/2020

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

CDP1 11 -24:00

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

42

CDP1 11 -24:00