

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 08/20/2020	Time of Crash 07:31 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:				
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
EAST HOMER ST Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____							
NORTH WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000464	
License # --- St MA DOB/Age ---			Reg # 33ME26 Reg Type PAN Reg State MA			Veh Year 2011 Veh Make MAZDA Veh Config. 2 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Owner ROSEN MERAV A			Address 20 BUNKER LN				
Operator ROSEN YAHIJ Last First Middle			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Address 20 BUNKER LA			City NEWTON State MA Zip 02465			Event Sequence 1 22 22 22 22 2 3 4			Most Harmful Event 1 23	
Insurance Company LM GENERAL			City NEWTON State MA Zip 02465			Driver Contributing Code 3 24 24			Underride/Override 25 Towed Y	
Vehicle Travel Direction: N S X W Responding to Emergency? N			Citation # (If Issued) T2080649			Violation 1: Ch 89/4A Sec Violation 2: Ch 89/9 Sec			Violation 3: Ch Sec Violation 4: Ch Sec	
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 --- 99 4 99 0 0 10 1 NONE				
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 # 7DG563 Reg Type PAN Reg State MA			Veh Year 2002 Veh Make FORD Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Owner (Same as operator)			Address				
Operator D'AGOSTINO CARMINE Last First Middle			City FRANKLIN State MA Zip 02038			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
Address 3 MARY ELLEN LA			City FRANKLIN State MA Zip 02038			Event Sequence 1 22 22 22 22 2 3 4			Most Harmful Event 1 23	
Insurance Company PLYMOUTH ROCK			City FRANKLIN State MA Zip 02038			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y	
Vehicle Travel Direction: X S E W Responding to Emergency? N			Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec	
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 --- 99 1 99 0 0 9 1 NONE				

→ 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:

Mv#1 operator stated she was in the right lane (right turn only) on Homer St E/B at the Walnut St intersection. #1 stated the MV beside her in the left lane started rolling forward. #1 stated as a result, she believed the light was green but stated she never saw the light (red) prior to proceeding. #1 stated at that time, she proceeded straight ahead through the intersection and struck Mv#2 that was travelling straight ahead on Walnut St N/B.

Mv#2 operator stated he was travelling straight ahead on Walnut St N/B. #2 stated while approaching the Homer St intersection he had a solid green light and proceeded straight ahead. #2 stated #1 suddenly appeared from his left going through the red light and struck him in the intersection.

No injuries reported. Both Mv's sustained heavy front end damage, including airbag deployment in #2. Both

(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

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPTA	08/20/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

were towed by Tody's.

#1 operator cited in hand for violation of Ch89/Sec 4A Marked Lanes Violation and Ch89/Sec9 F/C Red Light.

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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

08/20/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date