

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/18/2020	Time of Crash 19:11 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 311 CENTRE STREET 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 _____				Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000532		
License # --- St MA DOB/Age ---			Reg # 6KJ565 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2017 Veh Make VOLK Veh Config. 1 20								
Operator RIANG ALPHONSE Last First Middle			Owner (Same as operator) Last First Middle								
Address 167 SOUTH STREET (apt. 1)			Address _____								
City QUINCY State MA Zip 02169			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator See Above			1 4			0 0 10 1					
MAZZONE, CHANEL			2 HINCKLEY RD MILTON, MA 02186			F 3 1 4			0 0 10 1		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 2 # 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 # 3PP286 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2019 Veh Make LEXS Veh Config. 1 20								
Operator MARTIN LUMAN Last First Middle			Owner BAKER CHANELLE Last First Middle								
Address 306 WASHINGTON STREET (apt. 1)			Address 28 (apt. 324) AUSTIN ST								
City SOMERVILLE State MA Zip 02143			City NEWTON State MA Zip 02460								
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4					
Citation # (If Issued) T2014722			Most Harmful Event 1 23			10 Undercarriage					
Violation 1: Ch 90/23/T Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			6					
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Non-Motorist See Above			1 1			0 0 10 1					
BAKER, CHANELLE			28 AUSTIN ST (apt 324) NEWTON, MA 02460			F 3 1			0 0 10 1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

Opr of V1 came to the station and stated he was involved in a MVA. Opr of V1 stated he was going to meet the other opr and vehicle involved at the station. They did not show up.

Opr of V1 stated he was traveling straight on Centre Street. At this time, he stated he realized he wanted to get on I-90 West and attempted to change lanes. At this time, he made contact with V2. Both vehicles pulled over and exchanged and agreed to come to the police station to file a report. V1 showed, but V2 did not.

I spoke to the owner of V2. She stated Luman Martin was driving. I called and spoke to him. Martin admitted to operating V2. Opr of V2 stated he was traveling straight and V1 merged and struck the vehicle. Though an investigation it was determined Martin had a suspended license. Martin was charged with 90/23 Operating After Suspended License. Citation# (T2014722). See report incident report # (20042546).

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

DANIEL ANDERSON	32456	NEWTON POLICE DEPARTM	09/18/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00