

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number						
Date of Crash 10/04/2020	Time of Crash 10:43 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At				SOUTH 363 CRAFTS ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# Intersecting Roadway/Street Feet N S E W of Landmark						
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000575				
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator RODRIGUEZ CHARLIE Address 1486 WASHINGTON ST (apt. 304) City BOSTON State MA Zip 02138 Insurance Company EMPLOYEES Vehicle Travel Direction: N X 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				Reg # 5WG463 Reg Type PAN Reg State MA Veh Year 2007 Veh Make TOYOTA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled						
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Operator See Above 1 4 99 0 0 10 1 SANTIAGO, MICHAEL 1486 WASHINGTON ST (apt 304) BOSTON, MA 02118 M 3 1 4 99 0 0 10 1 Medical Facility						
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator SANTI MARIO F Address 85 ELM RD City NEWTON State MA Zip 02460 Insurance Company COMMERCE Vehicle Travel Direction: N X 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				Reg # 78CH84 Reg Type PAN Reg State MA Veh Year 2006 Veh Make MERCEDES Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 9 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 9 24 10 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled						
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→ 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:

On October 4th, 2020 at approximately 10:43 hours while assigned to N491 I responded to a report of a two car MV crash in the area of #353 Craft St.

On my arrival I located the two involved vehicles, 1st, a black toyota rav4 and a blue mercedes 350.

Operator of the black toyota, identified as Charlie Rodriguez reports driving S/B on Craft St when vehicle #2 who was behind him tailgating pulled around his vehicle then stopped in front of him causing him to crash into the rear of his vehicle.

Operator of the blue mercedes, identified as Mario Santi reports driving S/B on Craft St and the cars in front of him were going to slow. He further reported that vehicle #1 stopped in front of him so he went around vehicle #1. Vehicle #1 then drove into his rear after he passed him.

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

THOMAS J MCCARTHY **NEWTON POLICE DEPT** **10/04/2020**

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

CDP1 11 -24:00