

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/26/2020	Time of Crash 08:16 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 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:					
Route# Direction Name of Roadway/Street At			WEST 811 WASHINGTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000613	
License # --- St MA DOB/Age ---			Reg # 8XR811 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make AUDI Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			First Middle				
Operator DEMPSEY JOHN			Address _____			City _____ State _____ Zip _____				
Address 55 ALBAN RD			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)	
City NEWTON State MA Zip 02468			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage	
Insurance Company USAA			Most Harmful Event 1 23			1 9			11 Totaled	
Vehicle Travel Direction: N S E X Responding to Emergency? N			Driver Contributing Code 1 24 24			8 7 6				
Citation # (If Issued) _____			Underride/Override 25 Towed N							
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 See Above			99 4 99 0 0 10 1							
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 # 592YK7 Reg Type PAN Reg State MA			Veh Year 2010 Veh Make HONDA Veh Config. 1				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			First Middle				
Operator SEPULVEDA MARIA			Address _____			City _____ State _____ Zip _____				
Address 60A LINCOLN RD			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)	
City NEWTON State MA Zip 02465			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage	
Insurance Company PROGRESSIVE			Most Harmful Event 1 23			1 9			5 11 Totaled	
Vehicle Travel Direction: N S E X Responding to Emergency? N			Driver Contributing Code 19 24 5 24			8 7 6				
Citation # (If Issued) _____			Underride/Override 25 Towed Y							
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 10 1							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

811 Washington St.

Vehicle #1 Vehicle #2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator of vehicle #1 was travelling West bound on Washington St. and was stopped in traffic for the red light at Washington St. at Walnut. Operator of vehicle #1 stated vehicle #2 struck Vehicle #1 from behind. Operator of Vehicle #2 stated she was travelling West bound on Washington St. and did not see that traffic had stopped in front of her. Vehicle #2 then collided with vehicle #1.

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 NARDELLI

NEWTON POLICE DEPT

10/26/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date