Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
11/28/2020	19:57 24HR	NEWTON	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

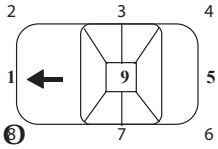
1 4 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 2 — Route# | Direction | Name of Intersecting Roadway/Street

2 9 — Route# SOUTH | Direction | 1203 Address # | WALNUT ST Name of Roadway/Street
2 10 — ____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or ____ Exit Number
____ Feet [N S E W] of Route# | Intersecting Roadway/Street
4 11 — ____ Feet [N S E W] of Landmark

3 — ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2000000681

License # --- St MA DOB/Age -- -- ----
Sex F | Lic. Class D 18 18 | Lic. Restrictions 1 19 | CDL Endorsment
4 1 — Operator FORTE-CRUZ (Last) MICHELLE (First) (Middle)
Address 38 HAWTHORN
City NEWTON State MA Zip 02458
Insurance Company COMMERCE
5 1 — Vehicle Travel Direction: [N X E W] Responding to Emergency? N
Citation # (If Issued)
Violation 1: Ch Sec Violation 2: Ch Sec
6 2 — Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 992CCF Reg Type PAN Reg State MA
Veh Year 2015 Veh Make HOND Veh Config. 1 20
1 12 — Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 10 21
Event Sequence 1 22 | 22 | 22 | 22
Most Harmful Event 1 23
Driver Contributing Code 1 24 | 24
Underride/Override 25 | Towed N
Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

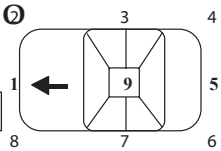
1 13 — Please fill out for operator and all occupants involved

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	3	0	0	10	1	

7 1 — Please Select One of the Following: ☒ Vehicle 2 | 1 # Occupants | ☐ Non-Motorist | A Type 14 | Action 15 | Location 16 | Condition 17 | ☐ Hit/Run | ☐ Moped

License # --- St MA DOB/Age -- -- ----
Sex M | Lic. Class D 18 18 | Lic. Restrictions 1 19 | CDL Endorsment
8 2 — Operator VAN-ARSDELL (Last) SKYLER (First) (Middle)
Address 47 GLEASOR ROAD
City LEXINGTON State MA Zip BLK
Insurance Company PROGRESSIVE
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

Reg # 2LV365 Reg Type PAN Reg State MA
Veh Year 2005 Veh Make JEEP Veh Config. 1 20
Owner (Same as operator) (Last) (First) (Middle)
Address
City State Zip
Vehicle Action Prior to Crash 1 21
Event Sequence 1 22 | 22 | 22 | 22
Most Harmful Event 1 23
Driver Contributing Code 9 24 | 24
Underride/Override 25 | Towed N
Damaged Area Code: (Circle Up to Three)



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Please fill out for operator and all occupants involved

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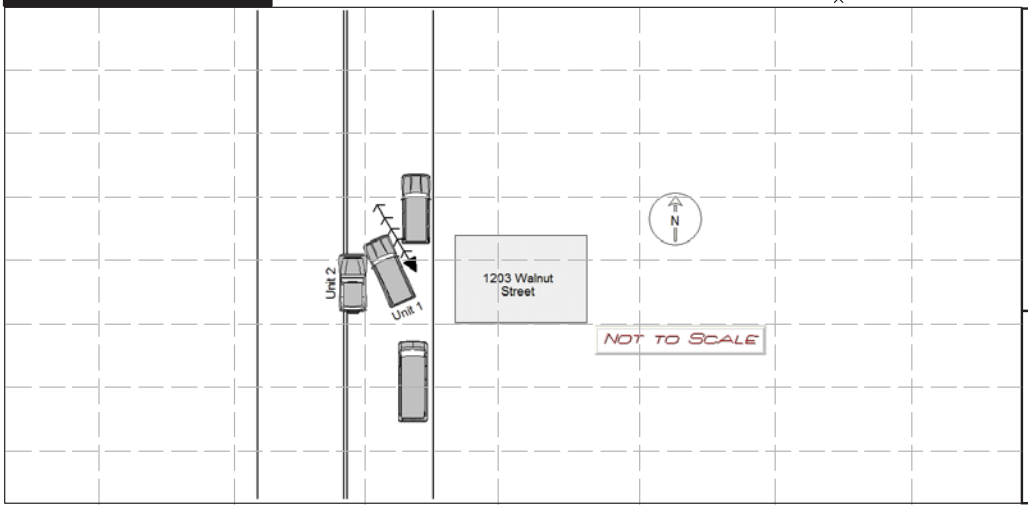
Operator/Non-Motorist	See Above	--------	---	---	0	4	4	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

The Operator of vehicle 1 stated that she was parallel parking in front of 1203 Walnut Street when vehicle 2 came up from behind her and attempted to make a pass while traveling mostly on the wrong side of the road and hit the front drivers side quarter panel of her car. This caused moderate damage.

The operator of vehicle 2 stated he was traveling North on Walnut Street and when he went to pass a double parked vehicle the front passenger side quarter panel hit the drivers side quarter panel of vehicle 2.

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]

THOMAS BANNON		NEWTON POLICE DEPARTM			11/28/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00