

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 12/05/2020	Time of Crash 16:00 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 658 DEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
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			Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000707		
License # --- St MA DOB/Age ---			Reg # 839925R Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2018 Veh Make HONDA Veh Config. 1 20								
Operator DIAZ ROSA			Owner SANTANA AMAURY								
Address 5 BERNARD GIBBONS DR (apt. 5)			Address 40 (apt. 634) COREY ST								
City GREAT BARRINGTON State MA Zip 01230			City CHARLESTOWN State MA Zip 02129								
Insurance Company LIBERTY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 35 22 22 22 22			10 Undercarriage					
Citation # (If Issued) ---			Most Harmful Event 35 23			5 11 Totaled					
Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec ---			Driver Contributing Code 99 24 24								
Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec ---			Underride/Override 25 Towed N								
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 99 99			0 0 10 1					
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # --- Reg Type --- Reg State ---								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL ---			Veh Year --- Veh Make --- Veh Config. 20								
Operator ---			Owner ---								
Address ---			Address ---								
City --- State --- Zip ---			City --- State --- Zip ---								
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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Operator/Non-Motorist See Above			--- --- ---								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Dedham St
Rosalie Rd
658 Dedham St
Stone Wall
POI

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

Vehicle 1 was traveling northbound on Dedham St, and slid off the road due to the snow. Vehicle 1 became lodged in between a fire hydrant, and rock wall in front of 658 Dedham St. There was moderate damage to the left and right front of the vehicle. No one was injured. Todys was able to remove the vehicle, and the operator drove it away from the scene. Pictures were taken of the fire hydrant and owners wall. There did not appear to be damage to the fire hydrant.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
KUMIGENAS, MICHAEL,	658 DEDHAM ST NEWTON, MA 02460	-----	N

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
KUMIGENAS, MICHAEL,	658 DEDHAM ST NEWTON, MASSACHUSETTS		97	ROCK WALL

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

TIMOTHY ROCHE NEWTON POLICE DEPT 12/05/2020

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

CDP1 11 -24:00