

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/07/2021	Time of Crash 15:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 1	Speed Limit 25 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 _____			SOUTH 140 HIGHLAND ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			500FT Feet [N][X][E][W] of _____ ASCENTA TERRACE Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet [N][S][E][W] of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000089		
License # _____ St MA DOB/Age _____			Reg # 7HF586			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015			Veh Make CHEV			Veh Config. 2 20		
Operator MARCHAND ANDREW JAMES Last First Middle			Owner (Same as operator)			First Middle			Last Middle		
Address 17 ELINOR CIR			Address _____			City _____ State _____ Zip _____			City _____ State _____ Zip _____		
City WALTHAM State MA Zip 02452			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 51 22 1 22 22 22 2		
Insurance Company COMMERCE			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
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 _____		
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			Bella, Jessica 17 ELINOR CIR WALTHAM, MA 02452 F 3 1 4 4 0 0 10 1		
MARCHAND, MIA 17 ELINOR CIR WALTHAM, MA 02452 F 4 1 4 4 0 0 10 1			MARCHAND, ALEECE 17 ELINOR CIR WALTHAM, MA 02452 F 9 1 4 4 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 # 2KSH91			Reg Type PAN			Reg State MA			Veh Year 2019		
Veh Make FORD			Veh Config. 2 20			Owner (Same as operator)			First Middle		
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 11 24 24			Underride/Override 25 Towed Y		
Citation # (If Issued) _____			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		
Operator/Non-Motorist See Above			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			Operator/Non-Motorist See Above		

→ 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:**

MV1, Mr. Marchand was driving Southbound on Highland St when a vehicle stopped abruptly in front of him to allow a vehicle to enter the travel lane exiting out of Ascenta Terrace. When the vehicle stopped abruptly in front of him, MV1 slammed on the brakes and did not hit the car in front of him, however he was rear-ended by a vehicle behind him, MV2. MV2, Mr. Calderon, was traveling Southbound on Highland St behind MV1 when he observed MV1 brake. He then immediately stepped on his brake and was not able to maneuver the vehicle in order to avoid the collision due to icy, slippery conditions on the road. MV2 sustained heavy front end damage. MV1 sustained minor damage to the rear he vehicle. No injuries were reported on scene. MV2 had to be towed by Tody's as it was disabled.

**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

ALEX N KANE	38800	NEWTON POLICE DEPART	02/07/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date