

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/16/2021	Time of Crash 01:19 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 135 WARWICK RD Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11				
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000122		
License # --- St MA DOB/Age ---			Reg # 1PJL75 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2019 Veh Make TOYOTA Veh Config. 2 20		
Operator VILLALOBOS GERMAN X			Owner (Same as operator)			Address			Address		
Address 212 CLARK AVE (apt. 2)			City CHELSEA State MA Zip 02150			City State Zip			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company GEICO GENERAL INSURANCE COMPANY			Event Sequence 21 22 22 22 22			Most Harmful Event 21 23			Driver Contributing Code 7 24 11 24		
Vehicle Travel Direction: X S E W Responding to Emergency? N			Underride/Override 25 Towed Y			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
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			13		
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above			1 4 4 0 0 10 1 NONE			21		
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 Endorsment			Veh Year --- Veh Make --- Veh Config. 20		
Operator ---			Owner ---			Address			Address		
City --- State --- Zip ---			City --- State --- Zip ---			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 22 22 22 22 22		
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Please fill out for operator and all occupants involved			Operator/Non-Motorist See Above			Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Warwick Rd

Kensington Ave

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 as he was travelling Northbound on Warwick Rd he lost control of his vehicle in the ice and collided with the tree.

The vehicle sustained front end damage. The operator declined medical attention when it was offered.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	3	CITY OWNED TREE

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

DECLAN G HEALY

NEWTON POLICE DEPART

02/16/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date