

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 02/16/2021	Time of Crash 15:25 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 275 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000125		
License # _____ St MA DOB/Age _____			Reg # 4913A Reg Type APR Reg State MA			Veh Year 2019 Veh Make FRHT Veh Config. 10 20					
Sex F Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make FRHT Veh Config. 10 20			Owner ICE CUBE LOGISTIC					
Operator OZORIO CORNELIO JESUS			Address _____			City _____ State MA Zip 02703					
Insurance Company SELECTIVE INSURANCE CO-SOUTHEAST			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 9 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			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		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			-----		---		1 4 4 0 0 10 1 NONE	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										1	
License # _____ St MA DOB/Age _____			Reg # 1NGP99 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make HONDA Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make HONDA Veh Config. 1 20			Owner (Same as operator)					
Operator BERTHIAUME JACQUELINE MARY			Address _____			City _____ State MA Zip 01721					
Insurance Company QUINCY MUTUAL INS.			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			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		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			-----		---		1 4 4 0 0 10 1 NONE	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Centre St 275 Centre St

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 attempted to merge into the right lane his vehicle collided with Vehicle #2 whom he did not observe prior to the collision.

The operator of Vehicle #2 stated that her vehicle was struck by Vehicle #1 as she travelled Southbound in the right lane. Both parties declined medical attention when it was offered. Vehicle #1 sustained damage to the rear driver's side. Vehicle #2 sustained damaged to the rear trailer on the passenger side.

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 # 4913A (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 #: 2819202 Reg Type TRN Reg State MASSAC Reg Year 2020 Trailer Length 1 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

DECLAN G HEALY **NEWTON POLICE DEPART** **02/16/2021**

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

CDP1 11 -24:00