

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/19/2021		Time of Crash 23:16 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 30 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:						9	
Route# Direction Name of Roadway/Street At				EAST 2285 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number		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 210000140						1	
License # --- St MA DOB/Age ---				Reg # S81482 Reg Type CON Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement						12	
Operator DELIMA DELON J				Veh Year 2011 Veh Make FORD Veh Config. 13 20		Owner (Same as operator)						1	
Address 36 ARNOLD ST				Address _____		City _____ State _____ Zip _____						13	
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						21	
Vehicle Travel Direction: N S X W Responding to Emergency? N				Event Sequence 21 22 22 22 22		Most Harmful Event 21 23						2	
Citation # (If Issued) _____				Driver Contributing Code 99 24 24		Underride/Override 25 Towed Y						3	
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						3	
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		13			
Operator				See Above		99 4 99 0 0 10 1				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 _____ Endorsement						20	
Operator _____				Veh Year _____ Veh Make _____ Veh Config. 20		Owner _____						2	
Address _____				Address _____		City _____ State _____ Zip _____						2	
Insurance Company _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)						21	
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Operator/Non-Motorist				See Above		99 4 99 0 0 10 1				21			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

COMMONWEALTH AVE

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

MV#1 Was traveling Eastbound on Commonwealth Ave when his vehicle started to lose control due to the winter conditions. MV#1 swerved into the Westbound lane and collided with a tree.

OPMV#1 Stated he lost control due to the snow on the street and couldn't stop before he hit the tree.

Vehicle towed by Tody's Towing.

**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