

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/12/2021	Time of Crash 09:51 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	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:				
WEST WASHINGTON ST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
SOUTH WALTHAM ST 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 _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000258	
License # _____ St MA DOB/Age _____			Reg # V36393 Reg Type CON Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2007 Veh Make FORD Veh Config. 13 20	
Operator SILVA GELDER RANIELY Last First Middle			Owner BRUSA CONSTRUCT Last First Middle			Address 280 CENTRAL ST (apt. C)			Address 35 ATWOOD RD	
City HUDSON State MA Zip 01749			City SOUTHBOROUGH State MA Zip 01772			Insurance Company PILGRIM INSURANCE			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) _____			Most Harmful Event 1 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			Underride/Override 25 Towed N			Diagram: 10 Undercarriage 11 Totaled	
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			Operator			Operator			Operator	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # C169LP Reg Type PAS Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2011 Veh Make FORD Veh Config. 2 20	
Operator DIPIETRANTONIO DEREK JORDAN Last First Middle			Owner CUCCHIARA FRANK Last First Middle			Address 74 FAYETTE ST			Address 21 OAK KNOLL AVE.	
City WATERTOWN State MA Zip 02473			City CHELMSFORD State MA Zip 01824			Insurance Company HANOVER INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) _____			Most Harmful Event 1 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 5 24 24			Underride/Override 25 Towed Y			Diagram: 10 Undercarriage 11 Totaled	
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/Non-Motorist See Above			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist	
RANKIN, ALEX, R			25 MADISON RD WALTHAM, MA 02453			RANKIN, ALEX, R			RANKIN, ALEX, R	

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

patients signed refusals.

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 _____

35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

36

Cargo Body Type Code	37	Gross Vehicle Weight	38
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37

Gross Vehicle Weight	38
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38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

39

Hazmat Information:

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

MEGHAN E MCLEAN

38801

NEWTON POLICE DEPARTMENT

04/12/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____