

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 05/11/2021	Time of Crash 21:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	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
CENTRE ST											2
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								10
At			Feet N S E W of . or				Exit Number				
WASHINGTON ST											
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Route# Intersecting Roadway/Street				11
Also at Intersection with											2
CHARLESBANK RD											
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 210000332		
License # --- St MA DOB/Age ---			Reg # 6KM369 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make DODGE Veh Config. 1 20								12
Operator GIL FERNANDO			Owner GIL CLAUDIA								1
Address 163 WARD ST			Address 602 WIINTER RIDGE RD								
City REVERE State MA Zip 02151			City WESTBOROUGH State MA Zip 01581								
Insurance Company GOV EMPLOYEE INSURANCE			Vehicle Action Prior to Crash 6 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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											1
Operator See Above			1 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 # 1SLS86 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20								
Operator SNITZER ALEXANDER			Owner (Same as operator)								
Address 112 GREENDALE AVE			Address								
City NEEDHAM State MA Zip 02494			City State Zip								
Insurance Company USAA INSURANCE			Vehicle Action Prior to Crash 5 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2			3 4			10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 1 23			1 9			11 Totaled		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 5 24 24			8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y								
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			1 4 4 0 0 10 1								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington St

Centre St

Charlesbank Rd

Unit 1

Unit 1

NOT TO SCALE

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

**Crash Narrative:**

MV 1 merged onto the Centre St bridge from Washington St and was operating northbound when he was rear ended by MV 2. MV sustained moderate damage to the rear bumper but was not a safety hazard and was able to drive. MV 2 merged onto the Centre St bridge from Charlesbank Rd when he rear ended MV 1. MV 2 sustained heavy front end damage and the bumper was hanging over the side. MV 2 was towed by Tody's towing as it could not be operated safely.

**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

**DONALD MURPHY**      **NEWTON POLICE DEPT**      **05/11/2021**

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

CDP1 11 -24:00