

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/31/2021	Time of Crash 21:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 1	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:				
LLEWELLYN RD										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At										
WALTHAM ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ or _____			Mile Marker Exit Number				
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____			Route# Intersecting Roadway/Street				
						Landmark				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000393	
License # -- St XX DOB/Age --			Reg # 8MA235 Reg Type PAN Reg State MA							
Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL			Veh Year 1999 Veh Make TOYOTA Veh Config. 2 20							
Operator CONTRERAS CRISTIAN ALEXANDER			Owner DELCID FIDADELFO							
Address 423 MOODY ST (apt. 3)			Address 109 OVERAND RD							
City WALTHAM State MA Zip 02453			City WALTHAM State MA Zip 02453							
Insurance Company PERMANENT GENERAL ASSURANCE CORP OF OI			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 20 22 21 22 22 22			10 Undercarriage				
Citation # (If Issued)			Most Harmful Event 21 23			5 11 Totaled				
Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____			Driver Contributing Code 20 24 24							
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 See Above			-----			1 1 4 0 0 8 2 NEWTON-WELLESLEY H				
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			Veh Year Veh Make Veh Config. 20							
Operator			Owner							
Address			Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____			Underride/Override 25 Towed							
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 1 4 0 0 8 2				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

*NOT TO SCALE*

Waltham St

P.O.I #2

P.O.I #1

MV1 final

MV1 start

Llewellyn Rd

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:**

On Monday May 31, 2021 at approximately 2152 hours I came upon a single MVA on Waltham St (a public way).

MV1 operator, who has an active license from Guatemala, stated he was operating southbound on Waltham St at Llewellyn Rd (public way). MV1 operator said after he passed Llewellyn Rd he may have been on his phone. MV1 operator said he struck the curb of the southbound side of Waltham St, and then struck the public tree. MV1's airbags were deployed. MV1 operator stated he was injured, and he was visibly bleeding from the nose. Newton medics transported MV1 operator to Newton-Wellesley Hospital. MV1 sustained extensive and total front end damage. MV1 was towed by Todys. The tree struck by MV1 did not appear to have sustained major damage and is not a safety hazard at this time.

**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

**MARK HATFIELD**      NEWTON POLICE DEPT      05/31/2021

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

CDP1 11 -24:00