

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 06/14/2021	Time of Crash 12:40 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 1	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:													
LEWIS TER												2		9							
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street								2		10							
At												2									
NEWTONVILLE AVE				Feet N S E W of • or Mile Marker Exit Number																	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street								11		3							
Also at Intersection with																					
Route# Direction Name of Intersecting Roadway/Street				Landmark																	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000425															
License # --- St MA DOB/Age ---				Reg # 3CHE81 Reg Type PAN Reg State MA								12		1							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2020 Veh Make HONDA Veh Config. 2 20																	
Operator CHAVEZ KRISTA Last First Middle				Owner (Same as operator) Last First Middle																	
Address 9 ARLINGTON STREET (apt. 1)				Address																	
City NEWTON State MA Zip 02452				City State Zip																	
Insurance Company METROPOLITAN PROPERTY AND CASUALTY INS				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				E 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled													
Citation # (If Issued)				Most Harmful Event 1 23																	
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24																	
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y																	
Please fill out for operator and all occupants involved														13		1					
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 1 0 0 10 1													
CHAVEZ-DWYER, JULIA 9 ARLINGTON STREET (apt 1) NEWTON, MA 02452				F 3 1 1 1 0 0 9 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 # V57606 Reg Type CON Reg State MA								12		2							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2019 Veh Make RAM Veh Config. 2 20																	
Operator DESOUSA-XAVIER PAULO Last First Middle				Owner MURPHY BUILDERS Last First Middle																	
Address 12 FAIRVIEW AVE				Address 23 EMMONS DALE RD																	
City DANBURY State CT Zip 06810				City WEST ROXBURY State MA Zip 02132																	
Insurance Company PROGRESSIVE INSURANCE				Vehicle Action Prior to Crash 3 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				G 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled													
Citation # (If Issued) 037739AB				Most Harmful Event 1 23																	
Violation 1: Ch 89/9 Sec Violation 2: Ch Sec				Driver Contributing Code 4 24 24																	
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y																	
Please fill out for operator and all occupants involved														13		1					
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 99 0 0 10 1													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

ie: → 1 → 2 → ○

Crash Diagram:

LEWIS STREET

NEWTONVILLE AVE

LEWIS TERRACE

P.O.I.

Unit 1

Unit 2

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

Crash Narrative:

The Operator of MV1 (MA reg 3CHE81) stated she was traveling WB on Newtonville Ave approaching the intersection of Lewis street/Lewis Terrace when her vehicle was struck on the front passenger side. Operator of MV1 stated she was approaching the intersection at a slow speed when operator of MV2 pulled onto Newtonville Ave from Lewis Terrace.

Operator of MV2 (MA Con V57606) stated he was stopped at the intersection of Newtonville Ave and Lewis Terrace waiting to turn right onto Newtonville Ave. Operator of MV2 stated he attempted to pull onto Newtonville Ave when his vehicle struck MV1.

The passenger side airbag of MV1 was deployed. Medics and Fire arrived on the scene to assist with injuries. The passenger in MV1 sustained minor injuries due to the airbag but signed a refusal. No one else involved

(Continued on next page)

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

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

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

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:

claimed an injury. Both vehicles suffered significant damage and required tows. Tody towed both vehicles from the scene.

The operator of MV2 was issued a citation (037739AB) and I mailed the citation.

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

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