

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/02/2021	Time of Crash 12:11 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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:	
Route# Direction Name of Roadway/Street At		WEST 557 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number		
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 2100000485
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License # --- St RI DOB/Age -- -- -- Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Operator MENDEZ CESAR Address 34 ROTARY DR City JOHNSTON State RI Zip 02919 Insurance Company ACE AMERICA INS COMP	Reg # V42948 Reg Type CON Reg State MA Veh Year 2020 Veh Make MACK Veh Config. 7 20 Owner WASTE MANAGEME Address 100 HILL ST City NORTON State MA Zip 02766 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N	
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled

Please fill out for operator and all occupants involved		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	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
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License # --- St MA DOB/Age -- -- -- Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Operator BIALACH JAN Address 11 RESERVOIR ROAD City ARLINGTON State MA Zip 02474 Insurance Company GEICO	Reg # 9XZ592 Reg Type PAN Reg State MA Veh Year 2017 Veh Make JEEP Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N	
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec		Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled

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Operator/Non-Motorist See Above		-----	---	---		4		0	0	10	1	

→ 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:**

Opr of V1 stated he was traveling westbound picking up the City of Newton trash. Opr of V1 slowed down and at this time was hit from behind by V2.

Opr of V2 stated he was traveling behind the trash truck. At this time, he did not realize it was stopping to pick up trash and made contact with the trash truck. V2 suffered minor damage to the front right.

No injuries reported.

**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