

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/09/2021		Time of Crash 08:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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:							
<div>WEST CHARLESBANK RD</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>ST JAMES ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000497							
License # --- St MA DOB/Age ---				Reg # 178M30 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2013 Veh Make NISSAN Veh Config. 1 20									
Operator AMADO MARIA Last First Middle				Owner KYLAS AUTO BODY Last First Middle									
Address 234 GREEN ST				Address 819 MAIN ST									
City BROCKTON State MA Zip 02301				City BROCKTON State MA Zip 02301									
Insurance Company SAFETY				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 25 22 22 22 22 2 3 4				10 Undercarriage					
Citation # (If Issued)				Most Harmful Event 35 23				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 18 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 99 99 0 0 10 1					
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 Endorsment				Veh Year Veh Make Veh Config. 20									
Operator Last First Middle				Owner Last First Middle									
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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Citation # (If Issued)				Most Harmful Event 23				5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24									
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 99 99 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

CHARLESBANK RD

ST JAMES ST

Unit 1

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:**

Operator stated he was driving west on Charlesbank Rd and was attempting to make a left turn onto St James St when he struck the concrete island barrier that divides east and west traffic to Charelesbank Rd.

Operator further stated due to his windshield fogging up from the weather/heavy rain he didn't see the island barrier.

This vehicle I found out after the operator left with a LYFT driver was a short time rental from KYLAS Auto body, #819 MAIN St Brockton Ma. I contacted that business and spoke with the receptionist, named Ariann. I informed her about the accident and that I didn't identify the operator for my report. She was going to attempt to contact the person who rented the vehicle and get back to me.

The person that rented the vehicle was a woman out of Brockton. KYLAS Auto was going to contact her to

(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

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

THOMAS J MCCARTHY      NEWTON POLICE DEPARTM      07/09/2021

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

CDP1 11 -24:00

♀ Pedestrian



The woman identified by KYLA'S Auto body as the person who rented the involved vehicle was a Maria Amado, 234 Green St, Brockton Ma. 02301. Kyla's Auto body will be going after her insurance carrier for the damage to their vehicle.

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CDP1 11 -24:00