

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/31/2021	Time of Crash 12:39 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input checked="" type="checkbox"/> Other:
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>31Route# Direction Name of Intersecting Roadway/Street</div>			<div>29SOUTH 2014 WASHINGTON ST</div> <div>210Route# 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 Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000650			
License # --- St MA DOB/Age ---			Reg # 2312453		Reg Type AP		Reg State IN			
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015		Veh Make FRT		Veh Config. 10 20			
Operator PANIAGUA JONATHAN			Owner RYDER TRUCK REN							
Address 210 MARKET STREET (apt. 1)			Address 11690 NW 105 ST 1E							
City LAWRENCE State MA Zip 01843			City MIAMI State FL Zip 33178							
Insurance Company PENNSYLVANIA MFR INDEMNITY CO			Vehicle Action Prior to Crash 1 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		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 9 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										
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 4 99 0 0 10 1	
ROSA, RAFAEL			134 BEACON AVENUE (apt 28) LAWRENCE, MA 01843		-----		M 3 1 4 99 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 # 40PX05		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2016		Veh Make TOYOTA		Veh Config. 1 20			
Operator DEBRUYN JANICE			Owner (Same as operator)							
Address 4 EASTVIEW AVENUE			Address							
City BILLERICA State MA Zip 01821			City State Zip							
Insurance Company USAA			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 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 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										
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:

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 of Motor Vehicle #1 stated that he was traveling Northbound toward the exit of the main entrance of Newton Wellesley Hospital. The operator stated that there was a truck parked in the fire lane on the right side which caused him to slightly cross over the other side of the road. The operator then stated that the road was on a bend and realized that motor vehicle #2 was approaching on the opposite side of the road and was not stopping. The operator stated that he realized that motor vehicle #2 was not going to fit and stopped the vehicle. operator of Motor Vehicle #1 stated that Motor vehicle #2 drove into his vehicle causing minor damage.

Operator of Motor Vehicle #2 stated she was driving Southbound on the main entrance road of Newton Wellesley towards the Emergency entrance and realized that the rear end of the 18 wheeler was in her lane and she was

(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 # 2312453 (From Vehicle Section)

Carrier Name RYDER TRUCK RENTAL INC Carrier Issuing Authority Code 35

Address 11690 NW 105TH STREET City MIAMI St IN Zip 33178

US DOT #: 16130 State Number _____ Issuing State FLORID ICC #: _____ Interstate 99 ³⁶

Cargo Body Type Code 99 ³⁷ Gross Vehicle Weight 3 ³⁸

Trailer Reg #: PT3116V Reg Type TRL Reg State PENNSYI Reg Year 2007 Trailer Length 2 ³⁹

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Material Name _____ Material 4 digit # _____ Release code _____

CDP1 11 -24:00