

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/20/2021	Time of Crash 13:54 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 314 HAMMOND ST Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number				Route# Direction Name of Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street											
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000732		
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lic. Restrictions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # 610048 Reg Type TRN Reg State MA Veh Year 2016 Veh Make QUALI Veh Config. 8 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Event Sequence 10 22 22 22 22 2 Most Harmful Event 10 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 8 7 6					
Vehicle Travel Direction: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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											
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 _____ Sex _____ Lic. Class <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lic. Restrictions <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____			Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 8 7 6					
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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											

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Wall Struck here

Unit 2

#314 Hammond St

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:**

On the above date and time while on Patrol in N496 I responded to 314 Hammond St (Boston College) to assist BCPD with damage to a wall. On arrival I spoke to BCPD who stated they were alerted by an employee (Luckny Capre) that NP landscaping pulled onto the property to turn around and while pulling back onto Hammond St struck the stone wall ripping it apart. While speaking to BCPD thier dispatch was able to locate the landscaper by phone who stated they were in Newton Corner area and would come back. The landscaper returned and was identified as Luis Chingo-Calel and stated he knew he struck the wall but did not know what to do. I issued Chingo-Calel MA Uniform Citation #T1447323 for 90/24 leaving the scene with property damage. See also incident report #21040232

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
CAPRE , LUCKNY,	,	----	N

**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