

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/23/2021	Time of Crash 10:01 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	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 _____			EAST 430 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000745		
License # _____ St MA DOB/Age _____			Reg # 681WG8 Reg Type PAS Reg State MA			Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20			Owner (Same as operator)					
Operator MACHUCA ALBERTO			Address 19 IFFLEY RD (apt. 3)			City JAMAICA PLAIN State MA Zip 02130					
Insurance Company THE STANDARD FIRE INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Diagram: 10 Undercarriage 5 11 Totaled					
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										13	
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	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										19	
<input type="checkbox"/> Moped										20	
License # _____ St MA DOB/Age _____										Reg # W51654 Reg Type CON Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____										Veh Year 2021 Veh Make NISSAN Veh Config. 2 20	
Operator RYAN FRANCIS										Owner ENTERPRISE FM TRI	
Address 316 PLEASANT ST										Address 600 CORPORATE PK DR	
City STOUGHTON State MA Zip 02072										City ST LOUIS State MO Zip 63105	
Insurance Company THE CINCINNATI INSURANCE COMPANY										Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 1 22 22 22 22	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Most Harmful Event 1 23	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Driver Contributing Code 19 24 24	
Underride/Override 25 Towed Y										Diagram: 10 Undercarriage 5 11 Totaled	
Please fill out for operator and all occupants involved										13	
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:

Centre Ave

Centre St

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:

MV 1 WAS TRAVELING EAST ON CENTRE AVE BY CENTRE ST AND WAS REAR END BY MV 2 CAUSING MODERATE REAR END DAMAGE.

MV 1 WAS TOWED BY TODAY'S AND NO INJURIES WERE REPORTED. MV 2 ALSO STATED HE WAS TRAVELING EAST ON CENTRE AVE AND STRUCK MV 1 FROM BEHIND. MV 1 HAD MODERATE FRONT END DAMAGE AND WAS TOWED BY TODAY'S TO THEIR LOT. NO INJURIES WERE 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