

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/24/2021	Time of Crash 10:25 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			SOUTH 860 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Feet N S E 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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000751		
License # --- St MA DOB/Age ---			Reg # 594A Reg Type PAR Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2005 Veh Make LEXUS Veh Config. 1 20								
Operator BATSON CLIVE Last First Middle			Owner BATSON LORNA Last First Middle								
Address 8 MARY MT RD			Address 8 MARYMOUNT RD								
City NEWTON State MA Zip 02466			City NEWTON State MA Zip 02466								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 2 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					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6					
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			-----		---		99 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 # V67509 Reg Type CON Reg State MA								
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2008 Veh Make FORD Veh Config. 2 20								
Operator REYES ACOSTA MODESTO Last First Middle			Owner REYES LANDSCAPIN Last First Middle								
Address 55 CHANDLER ST			Address 55 CHANDLER ST								
City MARLBORO State MA Zip 01752			City MARLBORO State MA Zip 01752								
Insurance Company SAFETY			Vehicle Action Prior to Crash 2 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					
Citation # (If Issued) T2080653			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch 003 Sec _____ Violation 2: Ch 90/10/A Sec _____			Driver Contributing Code 5 24 24			5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6					
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			-----		---		99 4 99 0 0 10 1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

#860 Walnut St

Walnut St

Walgreens Parking Lot

Unit 1

Unit 2

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Mv#1 came to a stop on Walnut St S/B opposite #860 before reaching the Walgreen's driveway opening to allow a Mv to exit the parking lot. At that time, Mv#2 was travelling behind #1 and rear ended #1. No injuries. #2 front end tow hitch struck #1 rear end causing light rear end two hitch impression damage. #2 operator was determined to be unlicensed. #2 issued citation #T2080653 for C.O. 19/71 Following too close and 90/10 Unlicensed Operation.

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	09/24/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date