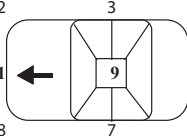
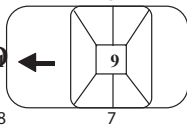


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 09/27/2021	Time of Crash 15:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:			
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>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 276 RIVER 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 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000763					
License # St DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Operator PENA GUERRERO JUAN ANTONIO Address 15 AARON ST City FRAMINGHAM State MA Zip 01702 Insurance Company INTEGON NATIONAL INSURANCE COMPANY			Reg # 50JC553 Reg Type PC Reg State AL Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T2014750 Violation 1: Ch 90/104 Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed Y 									
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			1									
Operator See Above												
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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator HURLEY ROBERT L Address 25 LOCKWOOD RD City NEWTON State MA Zip 02465 Insurance Company NORFOLK & DEDHAM MUTUAL FIRE INSURANCE			Reg # 1FG332 Reg Type PAN Reg State MA Veh Year 2018 Veh Make LEXUS Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N 									
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			1									
Operator/Non-Motorist See Above												

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

276 River Street

Unit 2

Unit 1

P.O.I.

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:**

Operator 1 states he was operating MV1 east on River Street. Operator 1 stated he had to stop quickly for pedestrians in the cross walk at 276 River Street. At this time MV2 crashed into the rear of MV1. The operator of MV2 states he was traveling east on River Street when MV1 stopped abruptly in front of him and he crashed into MV1. The operator of MV2 stated he witnessed the operator driving MV1 and the operator of MV1 stated he was operating MV1 which is registered to him. When I arrived on scene both vehicles were facing east on River Street. The keys were in the ignition of MV1 and it was still running. River Street is a public way in the City of Newton. No reported injuries. MV1 was towed from the scene. Citation issued to Operator of MV1 for MGL 90/10 no license.

**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

ALLAN L. CICCONE, III      NEWTON POLICE DEPARTMENT      09/27/2021

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

CDP1 11 -24:00