

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 09/28/2021		Time of Crash 18:23 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:						9		
Route# Direction Name of Roadway/Street At				EAST 176 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												10		
Route# Direction Name of Intersecting Roadway/Street												11		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000771					2	
License # --- St MA DOB/Age ---				Reg # 2SB589 Reg Type PAN Reg State MA									9	
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 20									10	
Operator GORDON LARISSA Last First Middle				Owner (Same as operator) Last First Middle									11	
Address 404 LANGLEY RD (apt. 204)				Address _____									12	
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									13	
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									10	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 10 22 22 22 22 2 3 4									11	
Citation # (If Issued) _____				Most Harmful Event 10 23									12	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									13	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									14	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33									15	
Name (Last First Middle) Address				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									16	
Operator See Above				1 4 99 0 0 10 1									17	
													18	
													19	
													20	
													21	
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		22
License # --- St XX DOB/Age ---				Reg # 1MDW46 Reg Type PAN Reg State MA									23	
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2013 Veh Make NISSAN Veh Config. 1 20									24	
Operator LIMA SANDRA Last First Middle				Owner DA SILVA FRANCISCO MARCELO Last First Middle									25	
Address 7 ALEXANDER AVE (apt. 1)				Address 7 (apt. 1) ALEXANDER AVE									26	
City NEWTON State MA Zip 02155				City MEDFORD State MA Zip 02155									27	
Insurance Company GEICO INSURANCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									28	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 10 22 22 22 22 2 3 4									29	
Citation # (If Issued) T1447643				Most Harmful Event 10 23									30	
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									31	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									32	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33									33	
Name (Last First Middle) Address				Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									34	
Operator/Non-Motorist See Above				1 4 99 0 0 10 1									35	
													36	
													37	
													38	

Crash Narrative:
Operator of MV1 stated they were stopped at the stop sign in front of Milton's facing Southbound attempting to get onto RT. 9 East. Operator of MV1 stated MV2 rear ended them.
Operator of MV2 stated they were heading south from the Milton's parking lot towards RT. 9 when they rear ended MV1.
A query was performed on both Motor Vehicles and operators. Operator of MV2 did not have a license and was issued MA Uniform Citation #T1447643. See incident report #21041506.
MV1 and MV2 sustained minor damage.
MV2 was towed. A towed motor vehicle inventory sheet was completed and filed with the Newton Police Department.

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 _____		<div>35</div>
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length <div>39</div>
Hazmat Information:			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>