

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/22/2021	Time of Crash 18:31 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				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: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 4 RTE 128 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 _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				11 4			
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000857	
License # _____ St MA DOB/Age _____			Reg # 450 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2020 Veh Make EMON Veh Config. 13 20	
Operator VELLO MATTHEW P			Owner CITY OF NEWTON			Address 430 ALBEMARLE RD			Address 1000 COMMONWEALTH AVE	
City NEWTON State MA Zip 02460			City NEWTON State MA Zip 02459			Insurance Company SELF-INSURED			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input 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 N			8 7 6			10 Undercarriage 5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Vehicle 2 1 #Occupants			Non-Motorist A Type 14 Action 15 Location 16 Condition 17	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			NONE	
			MEDERIOS, SHANE			M 11 1 4 99 0 0 10 1				
			JOHNSON, CHRIS			F 11 1 4 99 0 0 10 1			NONE	
Please Select One of the Following:			Vehicle 2 1 #Occupants			Non-Motorist A Type 14 Action 15 Location 16 Condition 17			Hit/Run Moped	
License # _____ St MA DOB/Age _____			Reg # 3LJM71 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2017 Veh Make KIA Veh Config. 1 20	
Operator SANGER ANDREW			Owner (Same as operator)			Address 10 RIVERSIDE ST (apt. A1)			Address _____	
City WATERTOWN State MB Zip 02472			City _____ State _____ Zip _____			Insurance Company A AFORDABLE			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 6 24 1 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6			10 Undercarriage 5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Operator/Non-Motorist See Above			NONE	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

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 while entering on ramp to Route 95 South was stuck on rear driverside compartment by MV-2 also entering on ramp to Route 95 South. I observed visible damage to MV-1's driverside rear compartment. 4 digital images were captured via department camera. The memory card will be submitted to I.T to be attached.

No injuries/all parties declined medical treatment

No vehicles towed.

**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