

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																																																																	
Date of Crash 10/26/2021		Time of Crash 14:47 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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:																																																																		
<div><div><div>SOUTH</div><div>WALNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div></div> <div><div>Route# 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></div>						9																																																																		
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<div><div>License # --- St MA DOB/Age ---</div><div>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment</div><div>Operator GONZALEZ ELMER B</div><div>Address 52 LINCOLN ST</div><div>City MARLBORO State MA Zip 01752</div><div>Insurance Company SAFETY</div><div>Vehicle Travel Direction: N X E W Responding to Emergency? N</div><div>Citation # (If Issued)</div><div>Violation 1: Ch Sec Violation 2: Ch Sec</div><div>Violation 3: Ch Sec Violation 4: Ch Sec</div></div> <div><div>Reg # 2BM219 Reg Type PAN Reg State MA</div><div>Veh Year 2011 Veh Make GMC Veh Config. 2 20</div><div>Owner (Same as operator)</div><div>Address</div><div>City State Zip</div><div>Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)</div><div>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23</div><div>Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y</div><div><div>10 Undercarriage</div><div>5 11 Totaled</div></div></div>						12																																																																		
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

washington st

walnut st

Unit 1

Unit 2

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:

ON 10-26-21 AT APPROX. 1447HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF WALNUT AND WASHINGTON ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON WALNUT AND STOPPED AT THE RED LIGHT. WHILE STOPPED DRIVER STATES HE WAS HIT IN THE REAR BY VEHICLE #2. VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON WALNUT ST. WHEN SHE WENT TO STOP SHE APPLIED THE BRAKES AND SLID ON THE WET PAVEMENT (IT HAD BEEN RAINING FOR 24 HOURS) AND WAS UNABLE TO AVOID HITTING VEHICLE #1. VEHICLE #1 HAD MINOR RIGHT REAR DAMAGE. VEHICLE #2 HAD LEFT FRONT BUMPER AND CENTER DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE AGENCY. ALL VEHICLES WERE OPERATIONAL AND LEFT THE SCENE WITHOUT ADDITIONAL ASSISTANCE. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH NEWTON POLICE DEPT 10/26/2021

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

CDP1 11 -24:00