

## Commonwealth of Massachusetts

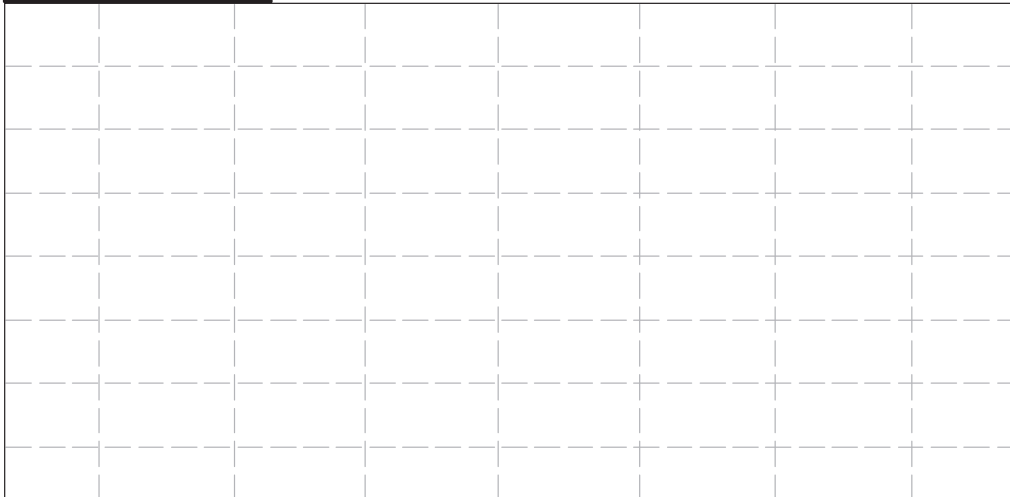
Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/06/2021	Time of Crash 00:39 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 192 SPIERS RD 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 _____							
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 _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000905			
License # _____ St MA DOB/Age _____			Reg # V11549		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make FORD		Veh Config. 1 20			
Operator MATOS ELTON T			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 192 SPIERS RD.			Address _____		First _____ Middle _____		Last _____			
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company PHILADELPHIA INDEMNITY INSURANCE COMPA			Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 2 23		1 24 24		11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		8 9 10 11			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____		Violation 7: Ch _____ Sec _____ Violation 8: Ch _____ Sec _____			
Please fill out for operator and all occupants involved			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		-----		-----			
Operator			See Above		-----		-----			
Operator			See Above		-----		-----			
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 checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # 2NNR88		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make HYUN		Veh Config. 1 20			
Operator JOSEPH STANLEY			Owner (Same as operator)		First _____ Middle _____		Last _____			
Address 7 WALTER ST			Address _____		First _____ Middle _____		Last _____			
City HYDE PARK State MA Zip 02136			City _____ State _____ Zip _____		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)			
Insurance Company PROGRESSIVE DIRECT INSURANCE COMPANY			Event Sequence 2 22 22 22 22		2 23		10 Undercarriage			
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 2 23		20 24 24		11 Totaled			
Citation # (If Issued) _____			Driver Contributing Code 20 24 24		Underride/Override 25 Towed N		8 9 10 11			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Violation 5: Ch _____ Sec _____ Violation 6: Ch _____ Sec _____		Violation 7: Ch _____ Sec _____ Violation 8: Ch _____ Sec _____			
Please fill out for operator and all occupants involved			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		-----		-----			
Operator/Non-Motorist			See Above		-----		-----			
Operator/Non-Motorist			See Above		-----		-----			
Operator/Non-Motorist			See Above		-----		-----			



→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 →



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:**

returned to the scene and exchanged information with the operator of MV1 Elton Matos. Stanley Joseph who was working for Uber Eats, admitted he was looking at his GPS before the collision. Stanley Joseph said he left the scene because he did not want his car towed because he needs it for work. He did not intend to avoid exchanging information.

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**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

KEVIN JOYCE

NEWTON POLICE DEPART

11/06/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date