

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 11/18/2021	Time of Crash 13:18 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	
SOUTH CENTRE ST											2	
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								10	
At			Feet N S E W of _____ or _____				Mile Marker Exit Number					
EAST PLEASANT ST												
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Route# Intersecting Roadway/Street				11	
Also at Intersection with			Feet N S E W of _____								3	
Route# Direction Name of Intersecting Roadway/Street							Landmark					
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000951			
License # --- St MA DOB/Age ---			Reg # 25RY84 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2014 Veh Make FORD Veh Config. 1 20									
Operator VANDRE TYLER D			Owner (Same as operator)								12	
Address 658 TREMONT ST (apt. 9)			Address _____									
City BOSTON State MA Zip 02118			City _____ State _____ Zip _____									
Insurance Company PROGRESSIVE DISTRICT			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9			5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			8 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			---			27
CEDENO, JUSTIN			181 LAKE SHORE RD BRIGHTON, MA 02135			---			M 3 99 4 99 0 0 10 1			28
												29
												30
												31
												32
												33
												Medical Facility
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 ---			Reg # 96DP40 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Veh Year 2009 Veh Make CHEVY Veh Config. 2 20									
Operator MYNOR ENRIQUE MORALES			Owner AVILES YOLANDA									
Address 298 RIVER ST (apt. 1)			Address 298 (apt. 1) RIVER ST									
City WALTHAM State MA Zip 02453			City WALTHAM State MA Zip 02453									
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			9 3 4			10 Undercarriage			
Citation # (If Issued) T2080657			Most Harmful Event 1 23			1 9			5 11 Totaled			
Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			8 7 6						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator/Non-Motorist			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Centre St

Pleasant St

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:

Mv#1 operator stated he came to a stop at the end of Pleasant St. #1 stated he started to nose out into Centre St due to his view was obstructed by traffic stopped in the right lane. #1 stated he proceeded left N/B when he was struck on his driver's side front by Mv#2 that was travelling on Centre St S/B.

#2 operator stated he was travelling straight ahead on Centre St S/B in the left lane approaching Pleasant St. #2 stated when he reached the intersection, #1 emerged out of Pleasant St colliding with #2 on his passenger side front.

No injuries. #1 sustained significant driver's side front end damage, towed by AAA. #2 appeared to sustain minor damage to passenger side front end. #2 operator was unlicensed and issued citation (C#21048428).

#2 was left parked on the side of the road for a licensed operator to take possession.

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

ADAM D GABRIEL	25117	NEWTON POLICE DEPART	11/18/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Date
Department	Precinct/Barracks		