

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																						
Date of Crash 12/18/2021		Time of Crash 20:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 1		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:																					
<div>WEST CRAFTS ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH FESSENDEN 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>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</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of</div> <div>Landmark</div>																									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100001062																					
License # --- St MA DOB/Age ---				Reg # 37ST81 Reg Type PAN Reg State MA				Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment																					
Operator CHAVEZ MARCO				Owner FABIAN MEDINA ROXANA				Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20																					
Address 418 MOODY ST (apt. 1)				Address 418 (apt. 1) MOODY ST				City WALTHAM State MA Zip 02453																					
Insurance Company PROGRESSIVE DIRECT INS				City NEWTON State MA Zip 02453				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				Most Harmful Event 1 23																					
Citation # (If Issued)				Driver Contributing Code 10 24 97 24				Underride/Override 25 Towed Y																					
Violation 1: Ch 90/244 Sec Violation 2: Ch 90/104 Sec				Violation 3: Ch 90/244 Sec Violation 4: Ch Sec				<div>10 Undercarriage</div> <div>5 11 Totaled</div>																					
Please fill out for operator and all occupants involved														13															
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				---		---		99		3		4		0		0		8		2		NEWTON WELLSLEY HO			
ADOLFO, JOSE				168 BROWN STREET WALTHAM, MA 02453				---		M												10		1					
Please Select One of the Following:				<input checked="" type="checkbox"/> Vehicle 2 4 #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 CT DOB/Age ---				Reg # 8BD329 Reg Type PAN Reg State MA				Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment																					
Operator REYES- GARCIA JULIO				Owner (Same as operator)				Veh Year 2016 Veh Make FORD Veh Config. 2 20																					
Address 108 HARVARD STREET (apt. 1)				Address				City WALTHAM State MA Zip 02453																					
Insurance Company PROGRESSIVE DIRECT INS				City				State				Zip				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				Most Harmful Event 1 23																					
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Operator/Non-Motorist				See Above				---		---		1		3		4		0		0		10		1					
ALVARENGA, NAYEH								---		F		3		1		3		4		0		0		10		1			
, CECILIA								---		F												10		1					
REYES, TIANA								---		F												10		1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

Operator of MV1 stated he was traveling straight and hit MV2. Operator MV1 sustained minor injuries and was transported to NWH. MV1 sustained damage and was towed by Tody's. Operator of MV1 was charged and given Massachusetts uniform citation (T1448307) see report #20152278.

Operator of MV2 stated he was stopped waiting for the green light and was hit from behind. All occupants of MV2 signed patient refusals. MV2 sustained damage but was not 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