

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/06/2022	Time of Crash 13:11 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 204 CALIFORNIA ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____			2 9				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____			2 10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet [N][S][E][W] of _____ Landmark _____			11 3				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000013	
License # _____ St MA DOB/Age _____			Reg # 261WAB Reg Type PAN Reg State MA			12				
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2020 Veh Make TOYT Veh Config. 2 20			1				
Operator FOTOPOULOS ARTHUR Last First Middle			Owner (Same as operator) Last First Middle			1				
Address 73 TROWBRIDGE ST			Address _____			1				
City ARLINGTON State MA Zip 02474			City _____ State _____ Zip _____			1				
Insurance Company GREEN MOUNTAIN INS			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)			13				
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			1				
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			1				
Operator			See Above			1 4 0 0 10 1 NONE			1	
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 # 2VSX14 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____			Veh Year 2006 Veh Make TOYT Veh Config. 1 20							
Operator BENITES-ALIPIO CLARA M Last First Middle			Owner (Same as operator) Last First Middle							
Address 42 LITCHFIELD ST (apt. 1)			Address _____							
City BRIGHTON State MA Zip 02135			City _____ State _____ Zip _____							
Insurance Company GEICO			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			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 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 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			1 4 0 0 9 1 NONE				

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

197 California Street  
McDonalds

V1

P.O.I.

V2

204 California Street

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:**

Opr of MV1 stated he was traveling westbound on California Street. Opr of MV1 stated he observed one vehicle in the opposite lane take a left hand turn into McDonalds. At this time, MV2 quickly tired taking a left hand turn into McDonalds in front of him. Opr of MV1 was unable to stop in time and made contact with MV2 while it was turning. MV1 suffered damage to the front of the vehicle.

Opr of MV2 stated she was attempting to turn left into McDonalds. Opr of MV2 stated the truck was speeding, hit her and she spun around. Opr of MV2 stated she thought she could make the turn. MV2 suffered damage to the right side. Opr of MV2 was checked by the medics, but signed a patient refusal. MV2 was parked and Opr of MV2 waited for her personal tow.

**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

DANIEL ANDERSON	32456	NEWTON POLICE DEPARTM	01/06/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date