

Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts		RMV Document Number					
Date of Crash 01/14/2022	Time of Crash 09:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >	NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			WEST 445 WASHINGTON ST Route# Direction Address # Name of Roadway/Street						2 9
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker or Exit Number						2 10
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street						11 4
Route# Direction Name of Intersecting Roadway/Street			Landmark						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 22000040					
License # --- St MA DOB/Age ---		Reg # 4LY955 Reg Type PAN Reg State MA							
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL		Veh Year 2011 Veh Make SUBARU Veh Config. 1 20							
Operator ARNOLD JENNIFER		Owner (Same as operator)							
Address 26 WILLOW ST (apt. 3)		Address							
City NEWTON State MA Zip 02459		City State Zip							
Insurance Company ALLSTATE		Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E X Responding to Emergency? N		Event Sequence 2 22 22 22 22 2							
Citation # (If Issued)		Most Harmful Event 2 23							
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 1 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved		26 27 28 29 30 31 32 33							
Name (Last First Middle) Address		Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator See Above		1 4 4 0 0 10 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 # W56160 Reg Type CON Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL		Veh Year 2021 Veh Make CHEV Veh Config. 6 20							
Operator GOMES ORLANDO		Owner RYDER TRUCK							
Address 101 CAPEN ST (apt. 1)		Address 329 JEFFERSON RD							
City BOSTON State MA Zip 02124		City ROCHESTER State NY Zip 14623							
Insurance Company ACE AMERICAN		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 2 22 22 22 22 2							
Citation # (If Issued)		Most Harmful Event 2 23							
Violation 1: Ch Sec Violation 2: Ch Sec		Driver Contributing Code 19 24 24							
Violation 3: Ch Sec Violation 4: Ch Sec		Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved		26 27 28 29 30 31 32 33							
Name (Last First Middle) Address		Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
Operator/Non-Motorist See Above		1 4 3 0 0 10 1							

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

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:

MV#1 WAS PARKED IN FRONT OF 445 WASHINGTON STREET WHEN SHE WAS STRUCK BY MV#2 IN THE REAR. THE OPERATOR OF MV#1 STATED SHE WAS IN THE MV AT THE TIME OF THE CRASH. THE OPERATOR OF MV#2 STATED HE WAS TRAVELING WESTBOUND ON WASHINGTON ST, WAS PUTTING HIS FACE MASK IN THE CUP HOLDER, LOOKED DOWN, AND STRUCK MV#1. THERE WAS MAJOR REAR DAMAGE TO MV#1 AND MINOR FRONT RIGHT DAMAGE TO MV#2. THERE WERE NO REPORTED INJURIES OR AIRBAG DEPLOYMENT. TODYS TOWED MV#1.

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 # W56160 (From Vehicle Section)

Carrier Name NORTH COAST FOODS Carrier Issuing Authority Code 35

Address 5 DRYDOCK AVE City BOSTON St MA Zip 02210

US DOT #: 621966 State Number 545878 Issuing State MASSA ICC #: 1 Interstate 36

Cargo Body Type Code 97 37 Gross Vehicle Weight 1 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