

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/04/2022		Time of Crash 09:05 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	
WEST Route# Direction Name of Roadway/Street At SOUTH Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				DERBY ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10
2				3								11	
5				Vehicle 1 1 #Occupants Hit/Run Moped Case Number 22000106								12	
2				License # --- St XX DOB/Age --- Reg # 1CTT99 Reg Type PAN Reg State MA Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator ESPINOZA-FLORES WILBER Veh Year 2007 Veh Make TOYT Veh Config. 1 20 Address 179 ADAMS ST (apt. 1) Owner (Same as operator) City WALTHAM State MA Zip 02453 City State Zip Insurance Company GEICO 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 Citation # (If Issued) Most Harmful Event 1 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 N								13	
4				Please fill out for operator and all occupants involved								1	
5				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 ----- --- 1 4 4 0 0 10 1								13	
7				Please Select One of the Following: Vehicle 2 1 #Occupants Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped								13	
8				License # --- St MA DOB/Age --- Reg # 163KA8 Reg Type PAN Reg State MA Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment Operator ELLIS RAYMOND Veh Year 2017 Veh Make GMC Veh Config. 2 20 Address 15 MEADOW DR Owner (Same as operator) City HANOVER State MA Zip 02339 City State Zip Insurance Company SAFECO Vehicle Action Prior to Crash 2 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 2 Citation # (If Issued) Most Harmful Event 1 23 Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code 99 24 24 Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override 25 Towed N								13	
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→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Derby Street

Noble Street

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:**

The operator of MV#1 stated he was traveling west on Derby St when MV#2 entered his lane of travel from Noble St and crash occurred.

The operator of MV#2 stated he was traveling south on Noble St approaching Derby St and was unable to stop due to the icy conditions. MV#2 then entered Derby St and crash occurred with MV#1.

No tows and no injuries.

**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