

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 04/10/2022		Time of Crash 12:43 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				
NORTH 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 _____												
EAST WASHINGTON ST				Mile Marker Exit Number												
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____								11				
Also at Intersection with				Route# Intersecting Roadway/Street								2				
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 22000297										
License # --- St MA DOB/Age ---				Reg # 2VYT89 Reg Type PAN Reg State MA												
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021 Veh Make MERZ Veh Config. 2 20												
Operator QUINONES CASSANDRA				Owner DAIMLER TRUST								12				
Address 152 SAINT ANDREW RD				Address BX 685												
City EAST BOSTON State MA Zip 02128				City ROANOKE State TX Zip 76262												
Insurance Company GOVERNMENT EMPLOYEE INSURANCE				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage								
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6								
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				-----		---	---	1	4	4	0	0	10	1		
QUINONES, STACY				152 SAINT ANDREW RD EAST BOSTON, MA 02128		---	F	3	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 # 44456 Reg Type PAS Reg State MA												
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2006 Veh Make DODGE Veh Config. 2 20												
Operator ZEPEDA JOEL				Owner (Same as operator)												
Address 411 GREAT RD (apt. 32)				Address _____												
City ACTON State MA Zip 01720				City _____ State _____ Zip _____												
Insurance Company USAA GENERAL INDEMNITY COMPANY				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22				3 4								
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage								
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Operator/Non-Motorist See Above				-----		---	---	3	4	4	0	0	10	1		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 1

Unit 2

Centre Street

Washington 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 MV1 stated she was stopped at the corner of Centre street and Washington Street, waiting for it to be safe to merge onto Washington Street. While stopped MV2 attempted to go around and struck the rear driver side of the vehicle. The operator of MV2 stated traffic was clear and while he attempted to merge onto Washington Street, MV1 stopped and he struck MV1. All parties involved were not injured. MV1 had damage to the rear bumper. MV2 had damage to the front passenger side head light and side.

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

SEAN STAKE

NEWTON POLICE DEPART

04/10/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date