

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/15/2022	Time of Crash 23:28 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>EAST 240 CALIFORNIA ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ Mile Marker _____ Exit Number _____</div> <div>Feet N S E W of _____</div> <div>Feet N S E W of _____ Route# Intersecting Roadway/Street _____</div> <div>Landmark _____</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000313			
License # --- St MA DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Operator CARRANZA MIRANI VITALINO Address 95 FANUEIL ST City BRIGHTON State MA Zip 02135 Insurance Company PERMANENT GENERAL ASSURANCE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) T1448584 Violation 1: Ch 90/244 Sec _____ Violation 2: Ch 90/244 Sec _____ Violation 3: Ch 90/104 Sec _____ Violation 4: Ch 90/241 Sec _____			Reg # 2L BX76 Reg Type PAN Reg State MA Veh Year 2002 Veh Make TOYOTA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 23 2 24 97 24 10 Undercarriage 11 Totalled Most Harmful Event 2 Driver Contributing Code 10 24 97 24 Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
Operator See Above			1 4 99 0 0 10 3							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company SAFECO Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 1XCB86 Reg Type PAN Reg State MA Veh Year 2021 Veh Make KIA Veh Config. 1 20 Owner HOLDINGS LLC EAN Address 14002 EAST 21ST ST City TULSA State OK Zip 74134 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 1 23 1 24 24 10 Undercarriage 11 Totalled Most Harmful Event 1 Driver Contributing Code 24 24 Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved			26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Medical Facility							
Operator/Non-Motorist See Above			-----							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

240 California St

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:

MV1 was travelling e/b on California St when he struck MV2 which was parked.

MV1 sustained heavy front end damage and MV2 sustained minor rear end damage.

Operator of MV1 was placed under arrest for the following:

M.G.L. 90/24J OUI Liquor

M.G.L. 90/24E Negligent Operation

M.G.L. 90/10 Unlicensed Operation

M.G.L. 90-24I Open Container

See report #22013467 for further information

No injuries were reported and MV1 was removed from the scene by Tody's.

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

GREGORY P HELMS

NEWTON POLICE DEPT

04/16/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date