

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/21/2022		Time of Crash 08:05 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 619 CHESTNUT STREET Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								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 22000326			3
4				License # --- St FL DOB/Age ---		Reg # 5EP2140		Reg Type PAN		Reg State MD		12	
1				Sex M Lic. Class D 18 18 Lic. Restrictions J 19 CDL _____		Veh Year 2021		Veh Make HYUNDAI		Veh Config. 2 20		3	
1				Operator NUNEZ RALPHIE ANTHONY Last First Middle		Owner HERTZ VEHICLE LLC Last First Middle		Address (apt. 8612) BWI AIRPORT PO BOX				13	
5				Address 10 TAFFRAIL RD		City BALTIMORE		State MB		Zip 21240		22	
6				Insurance Company THE HERTZ CORPORATION		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
1				Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N		Event Sequence 22 22 1 22 22 22		Most Harmful Event 22 23		Driver Contributing Code 99 24 22 24			
1				Citation # (If Issued) _____		Underride/Override 25 Towed Y		Diagram: A car diagram with numbered circles 1-11 indicating damage areas. 10 Undercarriage, 11 Totaled.					
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____									
1				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
1				Please fill out for operator and all occupants involved									
1				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		99		4 0 0 10 1			
1													
1													
1													
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									
8				License # --- St MA DOB/Age ---		Reg # 1BTT36		Reg Type PAN		Reg State MA		13	
1				Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____		Veh Year 2014		Veh Make HONDA		Veh Config. 2 20		22	
1				Operator MILLER MICHAEL A Last First Middle		Owner JOHNSON DENISE A Last First Middle		Address 30 SUMNER ST					
1				Address 418 WEBSTER ST		City GLOUCESTER		State MA		Zip 01930			
1				City NEEDHAM		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
1				Insurance Company COMMERCE INSURANCE		Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24			
1				Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N		Underride/Override 25 Towed Y		Diagram: A car diagram with numbered circles 1-11 indicating damage areas. 10 Undercarriage, 11 Totaled.					
1				Citation # (If Issued) _____									
1				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____									
1				Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									
1				Please fill out for operator and all occupants involved									
1				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/Non-Motorist See Above		1		99		4 0 0 10 1			
1													
1													
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:

After speaking with NUNEZ I spoke with the operator, MILLER Michael, of Motor vehicle #2, (Ma reg 1BTT36) who states he was travelling Northbound on Chestnut street when he observed Motor Vehicle#1 drive into the utility pole causing the vehicle to enter his lane of travel. MILLER states he attempted to veer to the right of the road to attempt to avoid the motor vehicle, but was unsuccessful and struck Motor Vehicle#1.

Also on scene was, PISANO Christian, who witnessed the crash. See his attached witness statement given to me verbally on scene. 3 pictures were taken of the damage to the utility pole and forwarded to IT to be attached this crash report

#### 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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

04/21/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date