

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/16/2022	Time of Crash 20:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 3	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:				9	
Route# Direction Name of Roadway/Street At			SOUTH 131 CRAFTS ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number				10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				Feet N S E W of _____ Landmark				11	
Route# Direction Name of Intersecting Roadway/Street											2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 22000412			
License # --- St MA DOB/Age ---			Reg # 14CB91 Reg Type PAN Reg State MA			Veh Year 2014 Veh Make HONDA Veh Config. 1 20						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Operator GREEN ALAN Last First Middle			Owner (Same as operator) Last First Middle			Address _____		12	
Address 39 CHANDLER ST			City WATERTOWN State MA Zip 02472			City _____ State _____ Zip _____						
Insurance Company CITIZENS AUTO INSURANCE			Vehicle Action Prior to Crash 1 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 23			Most Harmful Event 2 23			Driver Contributing Code 19 24 24			
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Diagram: 10 Undercarriage 5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
Please fill out for operator and all occupants involved											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			--- --- 1 1 1			27
												28
												29
												30
												31
												32
												33
												Medical Facility
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # 237NM3 Reg Type PAN Reg State MA			Veh Year 2009 Veh Make HONDA Veh Config. 1 20						
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Operator LOPEZ JOSE LUIS Last First Middle			Owner PENA MARIA BELKIS Last First Middle			Address 14 MISSION PARK DR			
Address 15 PATTEN ST (apt. 1)			City BOSTON State MA Zip 02130			City BOSTON State MA Zip 02115						
Insurance Company THE COMMERCE INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 23			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			
Citation # (If Issued) _____			Underride/Override 25 Towed Y			Diagram: 10 Undercarriage 5 11 Totaled						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____												
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
Please fill out for operator and all occupants involved												
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator/Non-Motorist			See Above			-----			--- --- 1 4 4			27
THEN, JAY, ALEX			14 MISSION PARK DR (apt 1) BOSTON, MA 02115			-----			M 3 1 4 4			28
												29
												30
												31
												32
												33
												Medical Facility

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

owner, Ms. Janet Goff, of MV 3.

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

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

42

DONALD MURPHY

NEWTON POLICE DEPARTMENT

05/16/2022

Police Officer Name (Please Print)

Signature _____

ID/Badge #

Department

Precinct/Barracks

Date _____