

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 06/03/2022		Time of Crash 09:48 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:							
30 WEST COMMONWEALTH AVE Route# Direction Name of Roadway/Street At SOUTH DARTMOUTH ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				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											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000483							
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ROSENBERG MAXINE L Address 12 FAIRFAX ST City NEWTON State MA Zip 02465 Insurance Company QUINCY MUTUAL				Reg # 1PK624 Reg Type PAN Reg State MA Veh Year 2015 Veh Make LEXUS 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 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ 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				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Medical Pos. System Status Switch Code Code Status Code Facility											
Operator See Above				99 4 4 0 0 10 1 NONE											
BIKOFSKY, CAROL				67 COLBERT RD EAST NEWTON, MA 02465 --- F 3 99 4 4 0 0 10 1 NONE											
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 GA DOB/Age --- Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____ Operator PEREZ CABAN LUIS JAVIER Address 235 PHARR RD NE (apt. 1739) City ATLANTA State GA Zip 3035 Insurance Company ENTERPRISE				Reg # CMX8746 Reg Type PAN Reg State GA Veh Year 202 Veh Make DODGE Veh Config. 1 20 Owner EAN HOLDNGS LLC Address 614 COBB PRKY S City MARIETTA State GA Zip 30060 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed Y Citation # (If Issued) _____ 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				26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Medical Pos. System Status Switch Code Code Status Code Facility											
Operator/Non-Motorist See Above				99 4 4 0 0 10 1 NONE											

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

car GA reg CMX8746, a 2020 Dodge Journey owned by EAN Holdings LLC. Luis stated he was traveling southbound on Dartmouth Street and was attempting to cross over Commonwealth Avenue and did not see MV1 until the collision. MV2 had heavy front end damage and was towed by Todys. Luis reported no injuries. Towed motor vehicle forms were completed and submitted.

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

ANDREA M FERGUSON

NEWTON POLICE DEPART

06/03/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date