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|---|--|--------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|----------------------|---------------------|---|--|--|---|-----|
| Police Use Only   |  |                                | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |                      |                     |   |  |  |   |     |
| Date of Crash<br>06/16/2022   |  | Time of Crash<br>11:24<br>24HR |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number Vehicles<br>2 | Number Injured<br>0 | Speed Limit 20<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |   |     |
| AT INTERSECTION:  |  |                                |                               | < LOCATION >  |  | NOT AT INTERSECTION:                 |                     |                      |                     |   |  | 9  |   |     |
| EAST<br>CRESCENT AVE<br>Route# Direction Name of Roadway/Street<br>At   |  |                                |                               | Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ • _____ or _____<br>Mile Marker Exit Number  |  |                                      |                     |                      |                     |   |  | 2 10   |   |     |
| NORTH<br>NORWOOD AVE<br>Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with   |  |                                |                               | Feet N S E W of _____<br>Route# Intersecting Roadway/Street   |  |                                      |                     |                      |                     |   |  | 11   |   |     |
| Route# Direction Name of Intersecting Roadway/Street  |  |                                |                               | Landmark  |  |                                      |                     |                      |                     |   |  | 2  |   |     |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  |                                |                               | <input type="checkbox"/> Hit/Run  |  | <input type="checkbox"/> Moped       |                     | Case Number 22000535 |                     |   |  |  | 3 |     |
| License # --- St MA DOB/Age ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator BURGOS FERNANDO L<br>Address 606 FORDNEY ST<br>City FALL RIVER State MA Zip 02720<br>Insurance Company OLD REPUBLIC INSURANCE CO   |  |                                |                               | Reg # W85640 Reg Type CON Reg State MA<br>Veh Year 2019 Veh Make RAM Veh Config. 2 20<br>Owner GELCO FLEET TRUS<br>Address 940 RIDGEBROOK RD<br>City SPARKS State MD Zip 21152<br>Vehicle Action Prior to Crash 10 21<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 19 24 24<br>Underride/Override 25 Towed N<br>Damaged Area Code: (Circle Up to Three)<br>10 Undercarriage<br>11 Totaled |  |                                      |                     |                      |                     |   |  | 12   |   |     |
| Vehicle Travel Direction: N S E X Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____          |  |                                |                               |   |  |                                      |                     |                      |                     |   |  | 1  |   |     |
| 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   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  | 1  |   |     |
| Operator See Above  |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |
|   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |
|   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |
|   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |
| 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  |   | 7 3 |
| License # --- St MA DOB/Age ---<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator JEAN-LOUIS RYAN<br>Address 48 WESTMOOR RD<br>City WEST ROXBURY State MA Zip 02132<br>Insurance Company LIBERTY MUTUAL PERSONAL INS |  |                                |                               | Reg # 2YJE79 Reg Type PAN Reg State MA<br>Veh Year 2019 Veh Make TOYT Veh Config. 1 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 2 21<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24<br>Underride/Override 25 Towed N<br>Damaged Area Code: (Circle Up to Three)<br>10 Undercarriage<br>11 Totaled          |  |                                      |                     |                      |                     |   |  | 8 1  |   |     |
| Vehicle Travel Direction: N S X W Responding to Emergency? N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>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 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/Non-Motorist See Above   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |
|   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |
|   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |
|   |  |                                |                               |   |  |                                      |                     |                      |                     |   |  |  |   |     |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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:**

Vehicle 1 was travelling eastbound on Crescent Ave with Vehicle 2 following behind. Vehicle 1 stopped at the stop sign at the intersection of Norwood Ave when the operator realized he had passed the residence he was trying to travel to. The operator of Vehicle 1 did not see Vehicle 2 stopped behind him and reversed, causing the rear of Vehicle 1 to make contact with the front of Vehicle 2. Both drivers agreed with this account of events. I observed minor damage to a step on the rear of Vehicle 1 and minor damage to the front bumper of Vehicle 2. Both vehicles were able to drive away from the scene.

**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