

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/25/2022	Time of Crash 22:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 3	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>WEST CALIFORNIA ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH WYOMING RD</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>			<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ or _____</div> <div>Mile Marker Exit Number</div> <div>Feet N S E W of _____</div> <div>Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000569			
License # --- St MA DOB/Age ---			Reg # 527ZK4		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 007		Veh Make HONDA		Veh Config. 2 20			
Operator QUITERIO JHORDANA			Owner DOMINGUEZ ANGEL							
Address 1 RAYNOR CIR			Address 1 RAYNOR CIR							
City ROXBURY State MA Zip 02120			City ROXBURY		State MA		Zip 02120			
Insurance Company SAFETY			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		0 9		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8 7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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 See Above			-----		1 1 99 0 0 8 1					
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # --- St NJ DOB/Age ---			Reg # N71PXZ		Reg Type PC		Reg State NJ			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make JEEP		Veh Config. 2 20			
Operator MELGAR GIAN			Owner MELGAR RICHARDO							
Address 30 AVENUE A			Address 11 JOHN ST							
City LODI State NJ Zip 07644			City HACKENSACK		State NJ		Zip 07606			
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) T1448587			Most Harmful Event 1 23		0 9		5 11 Totaled			
Violation 1: Ch 90/24/A Sec _____ Violation 2: Ch 90/24/C Sec _____			Driver Contributing Code 10 24 24		8 7 6					
Violation 3: Ch 90/24/E Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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			-----		99 4 99 0 0 8 1					
PINEDA, ALEX			32 CUSHING ST WALTHAM, MA 02451		3 99 4 99 0 0 8 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

California St

Wyoming Rd

NOT TO SCALE

P.O.I.

MV2

MV1

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 stated she had just turned onto California St and was turning left when MV2 struck her causing heavy front end damage & airbag deployment. Operator of MV1 was evaluated by Fallon Medics for upper body pain and signed a patient refusal.

MV2 was found abandoned close by on Bemis St @ Fair Oaks Ave.

Both vehicles were removed from the scene by Tody's Towing.

Operator of MV2 and his passenger complained of injuries, however refused to be evaluated.

Operator of MV2 was cited with the following:

M.G.L. 90/24A Leaving the Scene of Personal Injury

M.G.L. 90/24C Leaving the Scene of Property Damage

(Continued on next page)

**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

