

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/07/2022	Time of Crash 07:49 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:					
<div><div>NORTH</div><div>CHAPEL ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WATERTOWN ST</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>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or 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></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000603			
License # --- St MA DOB/Age ---			Reg # S72430		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 B 18 Lic. Restrictions K 19 CDL Endorsment			Veh Year 2016		Veh Make FORD		Veh Config. 2 20			
Operator CRUZ RICHARD			Owner (Same as operator)							
Address 38 HAWTHORN ST			Address							
City NEWTON State MA Zip 02458			City		State		Zip			
Insurance Company THE COMMERCE INSURANCE			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		Event Sequence 1 22 22 22 22		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		Driver Contributing Code 1 24 24					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		Underride/Override 25 Towed N					
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 4 4 0 0 10 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # --- St MA DOB/Age ---			Reg # V91292		Reg Type CON		Reg State MA			
Sex M Lic. Class D 18 B 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2012		Veh Make FORD		Veh Config. 2 20			
Operator SILVA ANTONIO			Owner BOB WHELAN ANE							
Address 32 MATCHETT ST (apt. 2)			Address 14 JARVIS AVE							
City BRIGHTON State MA Zip 02135			City HINGHAM		State MA		Zip 02043			
Insurance Company OHIO SECURITY INSURANCE			Vehicle Action Prior to Crash 4 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		Event Sequence 1 22 22 22 22		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		Most Harmful Event 1 23		5 11 Totaled			
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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		1 4 4 0 0 10 1					
SOUZA, NAZARO			15 WALBRIDGE ST ALLSTON, MA 02134		M 3 1 4 4 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 1

Unit 2

Chapel Street

Watertown Street

NOT TO SCALE

← N =

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:

The operator of MV1 stated he was traveling west bound on Watertown Street approaching the intersection of Watertown St and Chapel St. The operator stated he saw someone he knew and waved. MV2 was stopped waiting to turn left on to Chapel St from Watertown St. The operator of MV1 stated after he waved to a friend, the operator of MV2 turned left and he struck MV2. The operator of MV2 stated he was stopped waiting to turn left on to Chapel Street. He stated he thought MV1 was waving him to go and turn on to Chapel St. When he made the turn, MV1 continued to drive and MV1 struck his vehicle. All parties stated they were not injured. MV1 had damage to the passenger side bumper. MV2 had damage to the rear passenger side and called for a private tow.

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

SEAN STAKE **NEWTON POLICE DEPARTMENT** **07/07/2022**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00