

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/09/2022		Time of Crash 04:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	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	
WEST WATERTOWN ST										2			
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10			
At				Feet N S E W of _____ or _____									
NORTH WILDWOOD AVE													
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number									
Also at Intersection with				Feet N S E W of _____						11			
				Route# Intersecting Roadway/Street						1			
Route# Direction Name of Intersecting Roadway/Street				Landmark									
<input checked="" type="checkbox"/> Vehicle 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000613							
License # --- St MA DOB/Age ---				Reg # 2GLL64 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make HONDA Veh Config. 1 20									
Operator RODRIGUES MANUEL L				Owner RODRIGUES MANUEL FONTES								12	
Address 36 CALENDER ST				Address 16 (apt. 3) MAYFIELD ST								1	
City BOSTON State MA Zip 02124				City DORCHESTER State MA Zip 02125									
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 3 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 20 22 22 22 22				10 Undercarriage					
Citation # (If Issued) T1448398				Most Harmful Event 20 23				5 11 Totaled					
Violation 1: Ch 90/9 Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 18 24									
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				20	
Operator				See Above				-----					
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 --- DOB/Age ---				Reg # --- Reg Type --- Reg State ---									
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year --- Veh Make --- Veh Config. 20									
Operator ---				Owner ---									
Address ---				Address ---									
City --- State --- Zip ---				City --- State --- Zip ---									
Insurance Company ---				Vehicle Action Prior to Crash 21				Damaged Area Code: (Circle Up to Three)					
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Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed ---									
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				20	
Operator/Non-Motorist				See Above				-----					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Watertown St

Wildwood Ave

P.O.I.

← N →

NOT TO SCALE

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:

MV 1 was traveling westbound on Watertown St and attempting to make a right turn on Wildwood Ave. The operator of MV 1 stated a vehicle traveling in the opposite directions high beams obstructed his visibility and caused him to make the turn too sharply. MV 1 struck the curb at the intersection of Watertown St and Wildwood Ave with his right front tire. MV 1 sustained significant damage to the right front wheel and tire rendering the vehicle disabled. Tody's responded on scene and towed the vehicle away. The operator of MV 1 was not injured in the accident. The operator, Mr. Manuel Rodrigues, was issued citation T1448398 for MGL ch 90-9 unregistered motor vehicle because the vehicle he was driving did not have an active registration.

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

DONALD MURPHY **NEWTON POLICE DEPTA** **07/09/2022**

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

CDP1 11 -24:00