

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/09/2022		Time of Crash 12:26 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 133 BEAUMONT AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10		
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11		
3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000616			3	
License # _____ St MA DOB/Age _____				Reg # 2NNC21		Reg Type PAN		Reg State MA		2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015		Veh Make MAZDA		Veh Config. 2 20		12				
Operator LEMUS RODERICO LEMUS				Owner (Same as operator)		First _____ Middle _____		Last _____		1				
Address 28 PALMER ST				Address _____		City _____ State MA Zip 02451		City _____ State _____ Zip _____		13				
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 2 22 22 22 22		10 Undercarriage		2		
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N				Most Harmful Event 2 23		Driver Contributing Code 22 24 24		Underride/Override 25 Towed Y		11 Totalled		13		
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		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		2		
Operator				See Above		-----		---		1 4 4 0 0 10 1				
7				Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		13
				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped								
License # _____ St _____ DOB/Age _____				Reg # 75GG86		Reg Type PAN		Reg State MA		20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2008		Veh Make TOYOTA		Veh Config. 1 20		1				
Operator _____				Owner ADLER ELIZA		First _____ Middle _____		Last _____		12				
Address _____				Address 104 HARVARD ST		City BROOKLINE		State MA Zip 02446		13				
City _____ State _____ Zip _____				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Event Sequence 2 22 22 22 22		10 Undercarriage		2		
Insurance Company COMMERCE				Most Harmful Event 2 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N		11 Totalled				
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N				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				
Operator/Non-Motorist				See Above		-----		---		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				

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☉ Pedestrian
 ie: → 1 → 2 → ☉

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:

ON 7-9-22 AT APPROX. 1226HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 133 BEAUMONT AVE. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING S-BOUND ON BEAUMONT WHEN HE LOST CONTROL OF HIS STEERING AND WAS UNABLE TO AVOID HITTING VEHICLE #2. DRIVER HAD CALLED FOR A TOW. IT WAS EVIDENT BY OBSERVING HIS VEHICLE THAT HIS FRONT TIRES WERE GOING IN OPPOSITE DIRECTIONS. POSSIBLY AN AXLE OR TIRE ROD HAD BROKEN. OWNER OF VEHICLE #2 STATED SHE LEFT HER CAR PARKED IN FRONT OF 133 BEAUMONT AVE. WHEN SHE HEARD THE CRASH SHE CAME TO THE SCENE. VEHICLE #1 HAD MINOR RIGHT FRONT FENDER DAMAGE AS WELL AS TIRE DISPLACEMENT AND WAS TOWED BY PRIVATE TOW. VEHICLE #2 HAD MINOR LEFT REAR FENDER DAMAGE BUT WAS STILL OPERATIONAL. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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