

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/15/2022		Time of Crash 17:32 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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 514 LOWELL 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 _____ ARDEN RD 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 22000636			2
4				License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____ Operator GONZALEZ BARRER DULCE Address 22 JOHN ST City WALTHAM State MA Zip 02453 Insurance Company ARBELLA				Reg # 76NW64 Reg Type PAN Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 2 20 Owner GONZALEZ LEONARDO Address 22 JOHN ST City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N				12	
5				Vehicle Travel Direction: [N][X][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 _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled				13	
6				Please fill out for operator and all occupants involved				1				13	
7				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				1				13	
8				License # --- St RI DOB/Age --- Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____ Operator FONTECCHIO ANTHONY R Address 8 CAMPEAU ST City WOONSOCKET State RI Zip 02895 Insurance Company SAFECO				Reg # 1ER654 Reg Type PAN Reg State RI Veh Year 2008 Veh Make JEEP Veh Config. 2 20 Owner FONTECCHIO PHYLCIA Address 8 CAMPEAU ST City WOONSOCKET State RI Zip 02895 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 5 24 24 Underride/Override 25 Towed Y				13	
8				Vehicle Travel Direction: [N][X][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 _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled				13	
8				Please fill out for operator and all occupants involved				1				13	
8				Operator/Non-Motorist See Above				1				13	

→ 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:

MV1 stated she was traveling southbound on Lowell Ave when she locked up the brakes and came to an abrupt stop due to a turkey coming into the roadway.

MV2 was travelling southbound behind MV1 and his vehicle struck MV1 in the rear causing severe front end damage to his vehicle (MV2) and heavy damage to the rear of her vehicle (MV1).

MV1 spoke with Fallon Ambulance and signed a patient refusal. MV1 did not require a tow.

Both front seat airbags in MV2 deployed and required a tow. MV2 also spoke with Fallon Ambulance and signed a patient refusal.

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

BRANDON BAIA

NEWTON POLICE DEPART

07/15/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date