

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/19/2019		Time of Crash 19:13 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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 173 GRANT AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ _____ Feet [N S E W] of _____ _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												1	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000072					3
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SWEET AMALIA Last First Middle Address 146 ALBEMARLE RD City NEWTON State MA Zip 02460 Insurance Company CITIZENS				Reg # 4FW971 Reg Type PAN Reg State MA Veh Year 2010 Veh Make HONDA Veh Config. 1 20 Owner SWEET CHARLES Last First Middle Address 146 ALBERMARLE RD City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 10 22 22 22 22 2 3 4 Most Harmful Event 10 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 7 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: [N X E W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												13	
Please fill out for operator and all occupants involved												10	
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													
SOUCY, JONATHAN 409 HUNTINGTON AVE (apt B3) BOSTON, MA 02115													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" 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 _____ Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator SELIG ROCHELLE Last First Middle Address 173 GRANT AVE City NEWTON State MA Zip 02459 Insurance Company _____ Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Last First Middle Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 10 Undercarriage 5 11 Totaled Driver Contributing Code 24 24 Underride/Override 25 Towed _____									
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													

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

173 GRANT AVE

MARSHALL ST

P.O.I.

GRANT AVE

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:

Vehicle #1 stated she was traveling south bound on Grant Ave. Vehicle #1 stated that in the area where Grant Ave. bends to the left the roadway is dark and she had trouble seeing the road. Vehicle #1 stated at the last second she saw the road bending left and attempted to turn but skid on the snow and struck a small boulder in the front lawn of 173 Grant Ave. moving the rock a few feet. Vehicle #1 then skidded and came to a stop in the middle of the lawn of 173 Grant Ave. Vehicle #1 then pulled off the lawn and to the side of the road. The owner of the property of 173 Grant Ave. was also present and was notified of the accident. Vehicle #1 had moderate damage to the front of the vehicle but was still able to be driven and was driven home.

Both the operator and passenger in Vehicle #1 stated they were uninjured in the accident and refused any

(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
SELIG, ROCHELLE,	173 GRANT AVE NEWTON, MASSACHUSETTS 0	617-969-4936	97	FRONT LAWN AND ROCK/FLOWERS

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

DERICK ALAN SIEGAL	30878	NEWTON POLICE DEPART	01/19/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00

Crash Narrative:

medical treatment.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

DERICK ALAN SIEGAL		30878	NEWTON POLICE DEPTA	01/19/2019	
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					