

Police Use Only			Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 01/20/2019	Time of Crash 14:47 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report										Number Vehicles 2	Number Injured 0	Speed Limit <u>35</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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Landmark _____										2 9 2 10 2 11					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000079									
License # _____ St <u>NM</u> DOB/Age _____ Reg # <u>FLAASH</u> Reg Type <u>PAV</u> Reg State <u>MA</u> Sex <u>M</u> Lic. Class <u>D 18 18</u> Lic. Restrictions <u>1 19</u> CDL _____ Veh Year <u>2017</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1 20</u> Operator <u>VENTURINI</u> <u>ALEXANDRE</u> <u>A</u> Owner <u>VENTURINI</u> <u>RAPHAELLA</u> <u>SILVA</u> Address <u>3357 CERRILLOS RD (apt. 284)</u> Address <u>1198 GORHAM ST</u> City <u>SANTA FE</u> State <u>NM</u> Zip <u>87507</u> City <u>LOWELL</u> State <u>MA</u> Zip <u>01852</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Action Prior to Crash <u>1 21</u> Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Event Sequence <u>1 22 22 22 22</u> Citation # (If Issued) _____ Most Harmful Event <u>2 23</u> Driver Contributing Code <u>19 24 24</u> Underride/Override <u>25</u> Towed <u>Y</u> Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														12 1				
Please fill out for operator and all occupants involved														13 1				
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 -----																		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																		
License # _____ St _____ DOB/Age _____ Reg # <u>95RK52</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Sex _____ Lic. Class <u>18 18</u> Lic. Restrictions <u>19</u> CDL _____ Veh Year <u>2006</u> Veh Make <u>FORD</u> Veh Config. <u>1 20</u> Operator _____ Owner <u>MACBAIN</u> <u>LEN</u> Address _____ Address <u>31 HOMER STREET</u> City _____ State _____ Zip _____ City <u>NEWTON</u> State <u>MA</u> Zip <u>02459</u> Insurance Company <u>COMMERCE INSURANCE</u> Vehicle Action Prior to Crash <u>11 21</u> Damaged Area Code: (Circle Up to Three) Vehicle Travel Direction: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Responding to Emergency? _____ Event Sequence <u>1 22 22 22 22</u> Citation # (If Issued) _____ Most Harmful Event <u>1 23</u> Driver Contributing Code <u>1 24 24</u> Underride/Override <u>25</u> Towed <u>Y</u> Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____														13 1				
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Operator/Non-Motorist See Above -----																		

→ 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:**

Operator of MV1 stated he was traveling Eastbound on Commonwealth ave in his lane of travel when he observed MV2 parked on the right hand portion on Commonwealth ave. Operator of MV1 stated as he was approaching MV2 he attempted to slow down in an effort to avoid colliding with MV2, but stated he could not stop due to the slippery surfaces on the road and collided with MV2.

MV2 was parked and unoccupied at the time of the accident. I spoke to Owner of MV2 who shortly arrived on scene after the accident who stated he parked in front of 676 Commonwealth ave for a while to shovel snow in his driveway. No injuries. MV1 was towed by AAA and MV2 was driven off by owner to his nearby residence. MV1 sustained heavy right front end damage. MV2 sustained heavy rear end damage.

**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

JUSTIN MARCH

NEWTON POLICE DEPART

01/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date