

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number		
Date of Crash 01/20/2019	Time of Crash 13:59 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____			

AT INTERSECTION:	< LOCATION >	NOT AT INTERSECTION:
EAST BELLEVUE ST Route# Direction Name of Roadway/Street At NORTH CENTRE ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street		Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____

<input checked="" type="checkbox"/> Vehicle 1 <u>2</u> #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number <u>190000080</u>
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License # --- St <u>MA</u> DOB/Age --- Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ Operator <u>FRADETTE</u> <u>TIMOTHY</u> <u>R</u> Address <u>49 PAUL REVERE ROAD</u> City <u>NEEDHAM</u> State <u>MA</u> Zip <u>02494</u> Insurance Company <u>USAA</u>	Reg # <u>439PE4</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>INFINITI</u> Veh Config. <u>2</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>
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Please fill out for operator and all occupants involved		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	-----	---	---	1	3	99	0	0	5	1	
FRADETTE, WILLIAM	49 PAUL EVERE ROAD NEEDHAM, MA 02494	-----	M	3	1	1	99	0	0	5	1	

Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 <u>2</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
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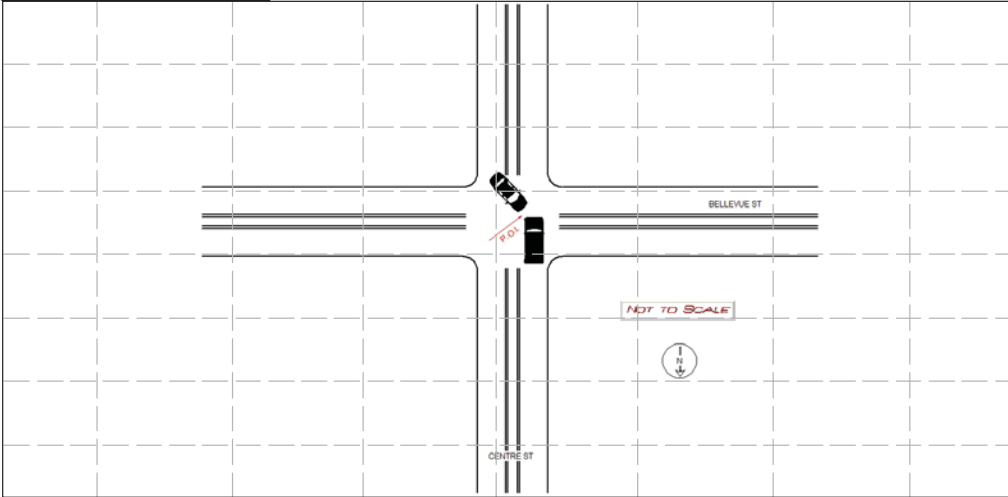
License # --- St <u>MA</u> DOB/Age --- Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>2</u> <u>19</u> CDL _____ Operator <u>CYKER</u> <u>HOWARD</u> <u>A</u> Address <u>138 WABAN AVE</u> City <u>WABAN</u> State <u>MA</u> Zip <u>02468</u> Insurance Company <u>BANKERS STANDARD</u>	Reg # <u>7CW691</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>BMW</u> Veh Config. <u>1</u> <u>20</u> Owner <u>(Same as operator)</u> Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three) Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u> Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage Driver Contributing Code <u>5</u> <u>24</u> <u>4</u> <u>24</u> <u>5</u> <u>11</u> Totaled Underride/Override <u>25</u> Towed <u>N</u>
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Operator/Non-Motorist	See Above	-----	---	---	1	3	99	0	0	5	1	
CYKER, JULIE	138 WABAN AVE NEWTON, MA 02468	-----	F	3	1	4	99	0	0	3	2	NWH

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 → Pedestrian



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 MV 1 (Mass reg. 439PE4) states he was traveling southbound on Centre Street when MV2 (Mass reg. 7CW691) crossed his lane of travel and caused the MVA.

Operator of MV2 states he was traveling northbound on Centre Street behind traffic. He states he attempted to stop but was unable to so he turned left towards Bellevue Street and struck MV1.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
SCHWARZBERG, LISA,	642 CENTRE STREET NEWTON, MA 02458	-----	Y

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

JUAN M GARCIA

NEWTON POLICE DEPARTM

01/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date