

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/21/2019		Time of Crash 12:46 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				NORTH 2000 WASHINGTON ST 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												2	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000091						3	
License # --- St MA DOB/Age ---				Reg # 2PZR50 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 99 19 CDL _____				Veh Year 2016 Veh Make CHEV Veh Config. 2 20								1	
Operator GIGLIOTTI CLOTILDE Last First Middle				Owner (Same as operator) Last First Middle									
Address 186 E CENTRAL ST				Address _____									
City S. NATCK State MA Zip 01760				City _____ State _____ Zip _____									
Insurance Company ARBELLA MUTUAL INS				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 2 22 22 22 22 2 23 3 4 10 Undercarriage 5 11 Totaled									
Citation # (If Issued) _____				Most Harmful Event 2 23 1 24 24 8 7 6									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24 25 Towed N									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override _____									
Please fill out for operator and all occupants involved												13	
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													
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 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												1	
License # --- St DOB/Age ---				Reg # 988XY8 Reg Type PAN Reg State MA								13	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2014 Veh Make DODGE Veh Config. 2 20								1	
Operator _____ Last First Middle				Owner COLANGELO LEONARD R Last First Middle								2	
Address _____				Address 11 WENTWORTH RD									
City _____ State _____ Zip _____				City REVRE State MA Zip 02151									
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 23 3 4 10 Undercarriage 5 11 Totaled									
Citation # (If Issued) _____				Most Harmful Event 1 23 1 24 24 8 7 6									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24 25 Towed N									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override _____									
Please fill out for operator and all occupants involved												13	
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/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:

On the above date/time I responded to the area 2000 Washington Street Newton -Wellesley - Hospital for a two motor vehicle crash on the 3rd floor of the parking garage.

Upon arrival I met with the operator of vehicle one, she stated she was pulling into a parking spot and applied the brakes but due to the ice on the roadway and slope of the roadway her vehicle slid into the rear of vehicle two which was parked.

Vehicle two was unoccupied, and dispatch tried to get in contact with the owner to advise them. I also left a message with NWH in case the owner comes back in.

No injuries and I advised of the process.

Later in the day the owner vehicle two came to NPD, I gave him vehicle one information and advised him of the

(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

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

