

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/30/2019	Time of Crash 15:44 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:	
WEST WINCHESTER STREET				
Route#	Direction	Name of Roadway/Street		
At				
SOUTH NEEDHAM STREET				
Route#	Direction	Name of Intersecting Roadway/Street		
Also at Intersection with				
Route#	Direction	Name of Intersecting Roadway/Street		

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 1900000125
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License # --- St CT DOB/Age -- --	Reg # 60609A Reg Type APP Reg State CT
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2014 Veh Make FRIEHTLINER Veh Config. 10 20
Operator SAFO-DARKO NANA	Owner FOODS INC THURSTON
Address 100 WEST ST (apt. 408)	Address _____
City VERNON State CT Zip 06066	City WALLINGFORD State CT Zip 06066
Insurance Company SELF INSURED	Vehicle Action Prior to Crash 4 21
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____	Event Sequence 1 22 22 22 22 22
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 9 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		Age/DOB	Sex	Seat Pos.	26	27	28	29	30	31	32	33	Medical Facility
Name (Last First Middle)	Address												
Operator	See Above	-----	---	---	1	4	4	0	0	5	1	NONE	

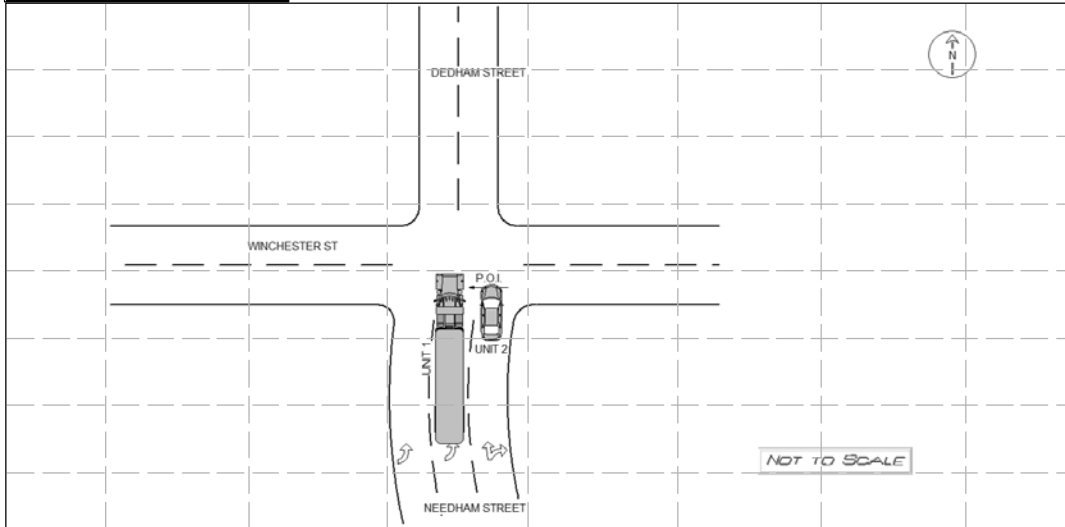
Please Select One of the Following:	<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants	<input type="checkbox"/> Non-Motorist A Type 14	Action 15	Location 16	Condition 17	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # --- St MA DOB/Age -- --	Reg # 1ZL856 Reg Type PAN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____	Veh Year 2012 Veh Make HONDA Veh Config. 1 20
Operator TUTTLE PETER	Owner (Same as operator)
Address 2 BRIARWOOD RD	Address _____
City FRAMINGHAM State MA Zip 01701	City _____ State _____ Zip _____
Insurance Company GEICO	Vehicle Action Prior to Crash 1 21
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____	Event Sequence 1 22 22 22 22 22
Citation # (If Issued) _____	Most Harmful Event 1 23
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____	Driver Contributing Code 1 24 24
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	Underride/Override 25 Towed N

Please fill out for operator and all occupants involved		Age/DOB	Sex	Seat Pos.	26	27	28	29	30	31	32	33	Medical Facility
Name (Last First Middle)	Address												
Operator/Non-Motorist	See Above	-----	---	---	3	4	4	0	0	5	1	NONE	

→ 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 Unit #1 stated that he was turning left from Needham Street onto Winchester Street in the middle left turn lane. As he swung out to the right to make the turn in his tractor trailer he struck unit #2. Very minor damage to the passenger side wheel well. Operator of Unit #2 stopped and exchanged information and left the scene.

I contacted the Operator of Unit #2 via telephone. He stated that he was going straight from Needham to continue onto Dedham Street when Unit #1 swung out to the right and struck his vehicle. Operator stated that very minor damage was done to his rear view mirror. No injuries reported.

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 # 60609A (From Vehicle Section)

Carrier Name THURSTON FOODS INC Carrier Issuing Authority Code 35

Address _____ City WALLIFORD St _____ Zip _____

US DOT #: 049092 State Number _____ Issuing State CONN ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: AE47516 Reg Type TRAILER Reg State CONN Reg Year _____ Trailer Length 2 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42