

Motor Vehicle Crash Police Report

Police Use Only				Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 02/01/2019		Time of Crash 18:32 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:																	
EAST AUSTIN ST																2	9								
Route# Direction Name of Roadway/Street						Route# Direction Address # Name of Roadway/Street										2	10								
At						____ Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number																			
NORTH LOWELL AVE						____ Feet N S E W of _____ Route# Intersecting Roadway/Street										11									
Route# Direction Name of Intersecting Roadway/Street						____ Feet N S E W of _____ Landmark										3	11								
Also at Intersection with																									
Route# Direction Name of Intersecting Roadway/Street																									
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000134																	
License # --- St MA DOB/Age --- Reg # 4AD259 Reg Type PAN Reg State MA																									
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2000 Veh Make JEEP Veh Config. 2 20																									
Operator GENTILE SOPHIA Last First Middle Owner GENTILE MICHAEL CHARLES Last First Middle																1	12								
Address 22 EMERALD ST Address 22 EMERALD STREET																									
City NEWTON State MA Zip 02458 City NEWTON State MA Zip 02458																									
Insurance Company COMMERCE																									
Vehicle Travel Direction: X 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 _____																									
Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																									
Event Sequence 1 22 22 22 22 2 10 Undercarriage																									
Most Harmful Event 1 23 1 9 5 11 Totaled																									
Driver Contributing Code 1 24 24 6																									
Underride/Override 25 Towed N 8																									
Please fill out for operator and all occupants involved																1	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	
Operator		See Above		-----		---		1		4		4		0		0		5		1		NONE			
PENN, LEAH		100 WALNUT ST NEWTON, MA 02460		-----		F		3		1		4		4		0		0		5		1		NONE	
CHINITZ, FRANCESCA		63 DARTMOUTH ST NEWTON, MA 02465		-----		F		4		1		4		4		0		0		5		1		NONE	
GIGLIO, CHRISTINA		178 PINE ST NEWTON, MA		-----		F		6		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																									
License # --- St NH DOB/Age --- Reg # 3745570 Reg Type PAN Reg State NH																									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2015 Veh Make FORD Veh Config. 1 20																									
Operator SHIN INSUP Last First Middle Owner DEPARTMENT OF JU Last First Middle																									
Address 468 MARTINDALE RD Address 33 CAPITOL ST																									
City SHELBURNE State NH Zip 05482 City CONCORD State NH Zip 03301																									
Insurance Company SELF INSURED																									
Vehicle Travel Direction: N S X W Responding to Emergency? _____																									
Citation # (If Issued) _____																									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____																									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____																									
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Driver Contributing Code 4 24 24 6																									
Underride/Override 25 Towed Y 8																									

[illegible]

→ 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:

At approximately 1830HRs on Friday, February 1, 2019, I was dispatched to the intersection of Austin St. and Lowell Ave. for a report of an MVA. Upon arrival, I spoke with the operator of MV1 (MA Pass: 4AD259), who stated that she was traveling Northbound on Lowell Ave. when MV2 entered the intersection after stopping at his stop sign and did so when she was too close, which caused her to collide with MV2. I spoke to the operator of MV2 (NH Pass: 3745570), who stated that he was stopped at his stop sign on Austin St. and that he believes MV1 was in his blind spot because he did not see it. Thinking there was no other traffic, he entered the intersection and attempted to continue Eastbound on Austin St., when his vehicle collided with MV1. On scene, I observed that Austin St. is controlled on both the East and West sides of Lowell Ave. by stop signs, while Lowell Ave. has no traffic controls at that intersection. I noted damage to the right

(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 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

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:

fender area and what appeared to be a broken right front axle on MV2. I observed MV1 to have minor damage to its left front bumper area. Both parties stated they were uninjured, MV2 was towed from the scene by Todys Services and I cleared without incident.

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Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

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

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Carrier Name _____ Carrier Issuing Authority Code _____

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate _____

Cargo Body Type Code	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

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