

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/18/2019	Time of Crash 08:06 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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 _____			SOUTH 38 CRAFTS ST 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 _____				2 9			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				11 3			
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000196	
License # _____ St MA DOB/Age _____			Reg # M3736A Reg Type PAS Reg State MA			Veh Year 2016 Veh Make FORD Veh Config. 1 20			12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Operator SHANE MARK			Owner CITY OF NEWTON			1	
Address 428 WASHINGTON STREET			City WELLESLEY State MA Zip 02481			Address 110 CRAFTS ST			City NEWTON State MA Zip 02458	
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled	
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6			13 1	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			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	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator See Above			1 4 99 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 MA DOB/Age _____			Reg # ASMAR Reg Type PAS Reg State MA			Veh Year 2015 Veh Make DODGE Veh Config. 2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____			Operator SARKISSIAN HAGOP S			Owner (Same as operator)				
Address 77 COPLAND ST			City WALTHAM State MA Zip 02451			Address _____			City _____ State _____ Zip _____	
Insurance Company COMMERCE			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 11 Totaled	
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6				
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Operator/Non-Motorist See Above			1 4 99 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 MV 1 STATED HE WAS TRAVELING SOUTH ON CRAFTS ST AND AS HE WAS PASSING THE ARS RESTORATION SPECIALISTS PARKING LOT WHICH WAS ON HIS RIGHT, HE WAS STRUCK BY MV 2 WHO WAS BACKING OUT OF THE PARKING LOT AND INTO TRAFFIC ON CRAFTS ST. MV 2 WAS PLOWING THE SNOW IN THE PARKING LOT AND AS HE WAS BACKING UP, HIS PASSENGER SIDE REAR BUMPER STRUCK MV 1 ON THE DRIVERS SIDE. BOTH VEHICLES HAD MODERATE DAMAGE AND NO INJURIES WERE REPORTED. I TOOK SEVERAL PHOTOS OF THE ACCIDENT AND PUT THEM IN IT'S BOX TO BE DOWNLOADED.

Witnesses:

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

Property Damage:

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

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

MATTHEW W COLELLA

NEWTON POLICE DEPART

02/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



