

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/19/2019	Time of Crash 07:32 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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			EAST 84 JACKSON ST Route# Direction Address # Name of Roadway/Street			2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____			2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____			2 11				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark _____			2				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000199	
License # --- St MA DOB/Age ---			Reg # 7WKR80 Reg Type PAN Reg State MA			12				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008 Veh Make HONDA Veh Config. 1 20			1				
Operator OLLIVIERRE MARIA Last First Middle			Owner (Same as operator) Last First Middle			1				
Address 212 PARKER ST			Address _____			1				
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____			1				
Insurance Company AMICA			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)			13				
Vehicle Travel Direction: N S X W Responding to Emergency? _____			Event Sequence 2 22 22 22 22 2 23 24 24 25 Towed Y			2				
Citation # (If Issued) _____			Most Harmful Event 2 23 24 24 25 Towed Y			2				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 18 24 24 25 Towed Y			2				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			2				
Please fill out for operator and all occupants involved			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			13				
Operator			See Above			2				
Operator			See Above			2				
Operator			See Above			2				
Operator			See Above			2				
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				
License # --- St --- DOB/Age _____			Reg # T29380 Reg Type CON Reg State MA			20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2017 Veh Make FORD Veh Config. 2 20			2				
Operator _____ Last First Middle			Owner K AND K TRUONG I Last First Middle			2				
Address _____			Address 12A UNION ST			2				
City _____ State _____ Zip _____			City MILFORD State MA Zip 01757			2				
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)			2				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2 23 24 24 25 Towed N			2				
Citation # (If Issued) _____			Most Harmful Event 1 23 24 24 25 Towed N			2				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24 25 Towed N			2				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			2				
Please fill out for operator and all occupants involved			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			2				
Operator/Non-Motorist			See Above			2				
Operator/Non-Motorist			See Above			2				
Operator/Non-Motorist			See Above			2				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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 1 states she was traveling Eastbound on Jackson St when she was blinded by the sun. Unable to see Operator 1 struck vehicle 2 which was parked from behind.

Vehicle 1 sustained major damage and was towed by Tody's. Vehicle 2 sustained minor damage. There were no injuries.

**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

FRANCIS P SCALTRETO

NEWTON POLICE DEPART

02/19/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date