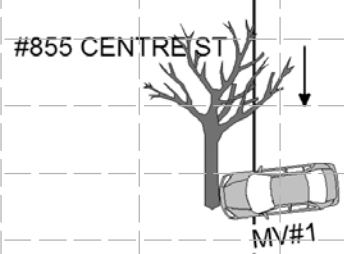



| | | | | | | | | | | |
|---|--------------------------------|----------------------------------|---|------------------------|----------------------|--|---|---|---|--------------------------------|
| Police Use Only | | Commonwealth of Massachusetts | | RMV Document Number | | | | | | |
| Date of Crash 03/02/2019 | Time of Crash 09:47 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 1 | Number Injured 0 | Speed Limit 25 Latitude Longitude | State Police Local Police MBTA Police Other: | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| AT INTERSECTION: | | | < LOCATION > | | NOT AT INTERSECTION: | | | | | |
| Route# Direction Name of Roadway/Street At | | | SOUTH 885 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of Route# Intersecting Roadway/Street | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Feet N S E W of Landmark | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | <input type="checkbox"/> Moped | Case Number 1900000225 | | | | | | |
| License # --- St GA DOB/Age --- | | | Reg # 1PP312 Reg Type PAN Reg State MA | | | | | | | |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment | | | Veh Year 2003 Veh Make HONDA Veh Config. 1 20 | | | | | | | |
| Operator FOSTER GIOVANNI J Last First Middle | | | Owner (Same as operator) Last First Middle | | | | | | | |
| Address 30 HAMLET ST | | | Address | | | | | | | |
| City NEWTON State MA Zip 02459 | | | City State Zip | | | | | | | |
| Insurance Company LIBERTY MUTUAL | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N X E W Responding to Emergency? | | | Event Sequence 21 22 22 22 22 22 21 23 | | | 10 Undercarriage 5 11 Totaled | | | | |
| Citation # (If Issued) T1440992 | | | Driver Contributing Code 99 24 24 | | | | | | | |
| Violation 1: Ch 90/9 Sec Violation 2: Ch Sec | | | Underride/Override 25 Towed Y | | | | | | | |
| Violation 3: Ch Sec Violation 4: Ch Sec | | | | | | | | | | |
| 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 | | | | |
| Operator See Above | | | ----- | | | 1 1 99 0 0 5 1 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Please Select One of the Following: | | | <input type="checkbox"/> Vehicle #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 # --- Reg Type --- Reg State --- | | | | | | | |
| Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment | | | Veh Year --- Veh Make --- Veh Config. 20 | | | | | | | |
| Operator --- Last First Middle | | | Owner --- Last First Middle | | | | | | | |
| Address --- | | | Address --- | | | | | | | |
| City --- State --- Zip --- | | | City --- State --- Zip --- | | | | | | | |
| Insurance Company --- | | | Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) | | | | | | | |
| Vehicle Travel Direction: N S E W Responding to Emergency? | | | Event Sequence 22 22 22 22 22 23 | | | 10 Undercarriage 5 11 Totaled | | | | |
| Citation # (If Issued) --- | | | Driver Contributing Code 24 24 | | | | | | | |
| Violation 1: Ch --- Sec --- Violation 2: Ch --- Sec --- | | | Underride/Override 25 Towed --- | | | | | | | |
| Violation 3: Ch --- Sec --- Violation 4: Ch --- Sec --- | | | | | | | | | | |
| 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 | | | | |
| Operator/Non-Motorist See Above | | | ----- | | | 1 1 99 0 0 5 1 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

| | |
|---|--|
|  | <p>If Crash <u>Did Not</u> Occur on a Public Way:</p> <p><input type="checkbox"/> Off-Street Parking Lot</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Mall/Shopping Center</p> <p><input type="checkbox"/> Other Private Way</p> <p>Indicate North by Arrow</p> <div style="text-align: center;">  </div> |
|---|--|

Crash Narrative:

OPER OF MV#1 STATED THAT HE WAS TRAVELLING SB ON CENTRE ST (#855), WHEN HIS VEHICLE LOST TRACTION ON THE SNOW COVERED ROAD, AND SPUN OUT STRIKING A TREE.

MV#1 SUSTAINED HEAVY FRONT END DAMAGE WITH AIR BAG DEPLOYMENT, AND WAS TOWED FROM THE SCENE.

OPER OF MV#1 WAS ISSUED MA CITATION T1440992 FOR OPERATING AN UNREGISTERED VEHICLE ON A PUBLIC WAY.

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