

Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 03/03/2019		Time of Crash 12:23 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:									
<div><div>EAST</div><div>ALBEMARLE RD</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>SOUTH</div><div>CRAFTS ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000229									
License # --- St MA DOB/Age ---				Reg # 64D560 Reg Type PAS Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2019 Veh Make SUBARU Veh Config. 2 20											
Operator ZAKUTA RACHEL A				Owner (Same as operator)											
Address 308 ELLIOT ST				Address											
City NEWTON State MA Zip 02464				City State Zip											
Insurance Company GEICO				Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency?				Event Sequence 1 22 22 22 22 2				<div><div>10 Undercarriage</div><div>5 11 Totaled</div></div>							
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 Y											
Please fill out for operator and all occupants involved												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	
ZAKUTA, ALEXANDRA		308 ELLIOT ST NEWTON, MA 02464		---		F	3	1	4	4	0	0	5	1	
ZAKUTA, NATHAN		308 ELLIOT ST NEWTON, MA 02464		---		M	6	4	4	4	0	0	5	1	
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 # JF179B Reg Type PAN Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2004 Veh Make INFINITI Veh Config. 1 20											
Operator PANZERA ROSEMARY				Owner (Same as operator)											
Address 94 JEWETT ST				Address											
City NEWTON State MA Zip 02458				City State Zip											
Insurance Company COMMERCE				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 1 22 22 22 22 2				<div><div>10 Undercarriage</div><div>5 11 Totaled</div></div>							
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
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	4	4	0	0	4	2	NEWTON WELLESLEY

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

albemarle rd

Unit 1

Unit 2

craft st

NOT TO SCALE

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:

ON 3-3-19 AT APPROX. 1223HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CRAFT ST AND ALBEMARLE RD. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS HEADING S-BOUND ON CRAFT ST. STOPPED IN TRAFFIC PREPARING TO TAKE A LEFT ONTO ALBEMARLE RD. WHEN SHE WAS HIT IN THE REAR BY VEHICLE #2. I LATER INFORMED VEHICLE #1 THAT THE LEFT TURN ONTO ALBEMARLE FROM CRAFT IS PROHIBITED. VEHICLE #2 STATES SHE WAS TRAVELING S-BOUND ON CRAFT WHEN VEHICLE #1 STOPPED ABRUPTLY AND SHE WAS UNABLE TO AVOID HITTING HER. VEHICLE #1 HAD LEFT REAR END DAMAGE AND WAS OPERATIONAL. VEHICLE #2 HAD EXTENSIVE LEFT FRONT DAMAGE AND WAS TOWED BY TODYS. ALL PARTIES OF VEHICLE #1 REPORTED NO INJURIES. VEHICLE #2 HAD COMPLAINTS OF HEAD PAIN AND A CRACK IN THE WINDSHIELD FROM WHERE HER HEAD HAD HIT IT. OPERATOR OF VEHICLE #2 WAS TRANSPORTED TO NEWTON WELLESLEY HOSPITAL BY MEDIC2. ALL PARTIES ADVISED TO CONTACT THEIR

(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

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

THOMAS P WALSH NEWTON POLICE DEPT 03/03/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24-00

