

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 03/05/2019	Time of Crash 18:12 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 2	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:							
NORTH CENTRE ST Route# Direction Name of Roadway/Street At WALNUT ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000239					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator CORNEJO-BAXTER MARGARITA Address 176 NORTH BEACON (apt. 22) City BRIGHTON State MA Zip 02135 Insurance Company LM GENERAL			Reg # 1RVC51 Reg Type PAN Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 40 22 23 22 22 2 3 4 Most Harmful Event 23 23 10 Undercarriage Driver Contributing Code 1 24 24 5 1 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above --- --- 1 4 99 0 0 5 1									
WANG, ANGELA 524 HARVARD AVE (apt 3) BROOKLINE, MA 02446 --- F 3 1 4 99 0 0 5 1												
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FILHO ZANDER Address 19 COOK LN (apt. D) City MARLBOROUGH State MA Zip 01752 Insurance Company GEICO			Reg # 775ZJ2 Reg Type PAN Reg State MA Veh Year 2001 Veh Make CHEVY Veh Config. 1 20 Owner ROGERS DEBORAH Address 4 (apt. B) CEDAR AVE City NATICK State MA Zip 01760 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 4 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above --- --- 1 4 99 0 0 5 1									
FLORES, MYNOR 7A GROVE ST SOUTHBOROUGH, MA 01745 --- M 3 1 4 99 0 0 3 2 NEWTON WELLESLEY												
ROSARIO, LOUIS 7 DELOSS ST (apt 1R) FRAMINGHAM, MA 01702 --- M 6 1 4 99 0 0 3 2 NEWTON WELLESLEY												
CONNOLLY, ELYSE 4 CEDAR AVE (apt B) NATICK, MA 01760 --- F 4 1 4 99 0 0 5 1												

→ 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 MV1 states she was driving Northbound on Centre St. She states she was in the right (straight) lane, going the speed limit. She states MV2 attempted to turn left in front of her, and she was unable to avoid them. She stated MV2 struck her vehicle on the left front side, sending her off the road and into the traffic signal on the northeast side of the roadway.

Operator of MV2 states he was driving southbound on Centre St, attempting to turn left onto Walnut St. He stated he did not see MV1 until the least second, because of the cars in the opposite turn lane. He stated he attempted to stop, but believed MV1 was speeding and he did not have time.

Witness 1 was directly behind MV2. He stated it looked like MV2 was attempting to turn left in front of him. He stated MV1 did not appear to be speeding, and that MV2 turned into MV1. He stated he did not think the two

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GUYRE, ERIC,	,	----	N
FLOOD, ELIZABETH,	,	----	N

Property Damage:

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

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

DANIEL RICHARD POUTAS NEWTON POLICE DEPARTM 03/05/2019

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

CDP1 11 -24:00

Crash Narrative:

cars could see each other until the last second.

Witness 2 was in the opposite turn lane. She also stated it appeared MV1 was driving the proper speed, and MV2 turned into MV1.

MV1 was towed by Tody's. MV2 was moved off to the side on Walnut St to wait for AAA. 2 parties from MV2 were transported to NWH with minor injuries.

Operator of MV2 was given in hand MA citation# T1441667 for 89/8, Fail to yield while turning left.

A traffic signal was taken down, and Dagle electric was notified to respond. All other lights were functioning properly. 4 photos were taken of the damage.

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

DANIEL RICHARD POUTAS				NEWTON POLICE DEPARTA		03/05/2019	
Police Officer Name (Please Print)		Signature		ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00							







