

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/07/2019	Time of Crash 08:29 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:				
WEST Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
NORTH Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet N S E W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000247		
License # _____ St CT DOB/Age ____-____-____			Reg # AP03204 Reg Type PAN Reg State CT			Veh Year 2018 Veh Make KIA Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make KIA Veh Config. 1 20			Owner SPEZZANO JOSPEH					
Operator SPEZZANO JESSICA R			Owner SPEZZANO JOSPEH			Address 95 BAGLEY TERRACE					
Address 108 CAYA AVENUE			Address 95 BAGLEY TERRACE			City WATERBURY State CT Zip 06705					
City WEST HARTFORD State CT Zip 06110			City WATERBURY State CT Zip 06705			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company PROVIDENCE MUTUAL FIRE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Underride/Override 25			Towed Y			10 Undercarriage 11 Totaled		
Citation # (If Issued) _____											
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____											
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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										1	
Operator See Above ----- --- 0 4 99 0 0 4 2 NEWTON WELLESLEY H											
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 # IC57XW Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____										Veh Year 2012 Veh Make MERCEDES Veh Config. 2 20	
Operator STATMAN WENDY P										Owner (Same as operator)	
Address 11 FIREBRICK ROAD										Address _____	
City SHARON State MA Zip 02067										City _____ State _____ Zip _____	
Insurance Company STANDARD FIRE INSURANCE										Vehicle Action Prior to Crash 4 21	
Vehicle Travel Direction: X S E W Responding to Emergency? _____										Event Sequence 1 22 22 22 22	
Citation # (If Issued) T1441703										Most Harmful Event 1 23	
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code 4 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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										1	
Operator/Non-Motorist See Above ----- --- 1 4 99 0 0 5 1											

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

Crash Diagram:

NOT TO SCALE

NEEDHAM ST

OAK ST

Unit 1

Unit 2

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 03/07/19 at 08:29 hours, I responded to a two car motor vehicle accident at Needham & Oak Streets. The operator of M/V # 1 states she blacked out upon impact of the accident. She was immediately transported to Newton Wellesley Hospital by Cataldo Ambulance for a possible head injury.

After at the hospital, Operator of M/V # 1 states she was traveling straight ahead (WB) on Needham Street at Oak Street with the green light signal in front of her. As she approached the intersection, M/V # 2 suddenly attempted a left turn from the opposite side of the road and she was not able to stop in time. M/V # 1 sustained passenger front end damage and the vehicle was towed by Tody's as the operator was transported to the hospital.

Operator of M/V # 2 states she was in the left turn lane on Needham Street facing eastbound attempting to

(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 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

→ 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:

take a left turn on to Oak Street. She states that she thought it was clear to proceed and M/V # 1 came out of no where and struck her on her rear passenger side. At first, the operator told me the signal light was green and then after stated that the light was changing to red when she was proceeding through. The vehicle sustained rear passenger side rear wheel and axel damage and it was towed by Tody's.

Based on both operator statements, it appears that the operator of M/V # 2 did not yield the right of way and attempted to turn left when it was not clear to proceed. The operator was issued and mailed MA Uniform Citation # T1441703 for Ch. 89/8.

Witnesses:

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Property Damage:

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

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

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Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42