

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 03/24/2019	Time of Crash 15:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 15 CYPRESS ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N][S][E][W] of _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
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 190000314		
License # _____ St LA DOB/Age _____			Reg # Y14HGR Reg Type PC Reg State NJ			Veh Year 2016 Veh Make FORD Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make FORD Veh Config. 1 20			Operator GALLIANO CAROLINE GRAMM			Owner CAB EAST LLC		
Address 2028 NAPOLEON AVE			Address PO BOX 105704			City NEW ORLEANS State LA Zip 70115			City ATLANTA State GA Zip 20248		
Insurance Company ALL STATE			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			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			8 7 6			10 Undercarriage 11 Totaled		
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		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____										Reg # 23EE6 Reg Type PAN Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____										Veh Year 2010 Veh Make NISSAN Veh Config. 1 20	
Operator ZAYCHIK VICTORIA										Owner BARANCHUK ALEXANDER	
Address 4 RIDGECREST DR										Address 4 RIDGECREST DR	
City W ROXBURY State MA Zip 02132										City WEST ROXBURY State MA Zip 02132	
Insurance Company PLYMOUTH ROCK										Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? _____										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 1 22 22 22 22 2	
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Underride/Override 25 Towed Y										8 7 6	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

MUNICIPAL LOT

CYPRESS ST

MV1

MV2

15

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:

MV1 was stopped in traffic waiting to turn left into the Cypress St Municipal lot when she was struck from behind by MV2. Operator 2 states she did not see MV1 stopped and bumped her from behind. No injuries to either parties, Newton Ambulance 1 obtained medical refusals. MV1 sustained minor rear end damage and was driven from the scene. MV2 sustained minor front end damage and had to be towed due to air bad deployment.

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

TIMOTHY WALTON **NEWTON POLICE DEPART** **03/24/2019**

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

CDP1 11 -24:00