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|--|--|--------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|--|---------------------|---|--|--|----|----|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | | |
| Date of Crash 04/04/2019 | | Time of Crash 10:12 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: | | | | | | 2 9 | | |
| SOUTH CENTRE ST Route# Direction Name of Roadway/Street At WEST COMMONWEALTH AVE 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 _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark | | | | | | | | 2 10 | | |
| 1 1 | | | | 2 1 | | | | | | | | 5 11 | | |
| 3 | | | | 3 | | | | | | | | 5 1 | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000337 | | | | | 12 | |
| License # --- St MA DOB/Age --- | | | | Reg # 794XP3 Reg Type PAN Reg State MA | | | | Veh Year 2004 Veh Make TOYOTA Veh Config. 1 20 | | | | | 12 | |
| Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____ | | | | Veh Year 2004 Veh Make TOYOTA Veh Config. 1 20 | | | | Operator JUNGREIS KATHERINE Last First Middle Address 99 MASON TER (apt. 2) City BROOKLINE State MA Zip 02446 Insurance Company ARBELLA MUTUAL | | | | | 12 | |
| Vehicle Travel Direction: N S E W Responding to Emergency? _____ | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | Citation # (If Issued) _____ | | | | | 12 | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | Most Harmful Event 1 23 | | | | Driver Contributing Code 1 24 24 | | | | | 12 | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed N | | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | 12 | |
| 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 --- 99 4 99 0 0 10 1 | | | | | 13 | |
| 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 | | 13 |
| License # --- St XX DOB/Age --- | | | | Reg # 2ES214 Reg Type PAN Reg State MA | | | | Veh Year 2002 Veh Make MERCURY Veh Config. 1 20 | | | | | 13 | |
| Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ | | | | Veh Year 2002 Veh Make MERCURY Veh Config. 1 20 | | | | Operator MACHADO NEVES LUCI Last First Middle Address 40 HOLLINGSWORTH ST (apt. 1) City LYNN State MA Zip 01902 Insurance Company ARBELLA MUTUAL | | | | | 13 | |
| Vehicle Travel Direction: N X E W Responding to Emergency? _____ | | | | Event Sequence 1 22 22 22 22 2 3 4 | | | | Citation # (If Issued) T1443630 | | | | | 13 | |
| Violation 1: Ch 90/10/A Sec _____ Violation 2: Ch _____ Sec _____ | | | | Most Harmful Event 1 23 | | | | Driver Contributing Code 99 24 24 | | | | | 13 | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | Underride/Override 25 Towed Y | | | | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) | | | | | 13 | |
| 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 --- 99 4 99 0 0 10 1 | | | | | 13 | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Commonwealth Ave

Centre St

Unit 1

Unit 2

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:

Mv#1 operator was travelling through the intersection of Commonwealth Ave westerly at Centre St on a green light. The intersection was under construction. Ofc Coletti was working a detail in the middle of the intersection directing four way traffic, waving Comm Ave westerly traffic safely through. Mv#2 operator was stopped in the intersection on Centre St southerly waiting to proceed through. At that time, #2 nosed out into the intersection without being directed and #1 passenger side front sideswiped #2 driver's side front. No injuries. Both MVs appeared to sustain minor damage. #2 operator was unlicensed. #2 towed by Tody's.

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