

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/08/2019		Time of Crash 13:06 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 1255 CENTRE 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 _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000350					3
License # _____ St MA DOB/Age _____				Reg # CHE1 Reg Type COV Reg State MA									
Sex M Lic. Class [D] [18] [M] [18] Lic. Restrictions [1] [19] CDL _____				Veh Year 2015 Veh Make GMC Veh Config. [2] [20]									
Operator HATZIS COSTAS Last First Middle				Owner (Same as operator) Last First Middle									12
Address 38 AVON ST (apt. 1)				Address _____									
City MALDEN State MA Zip 02148				City _____ State _____ Zip _____									
Insurance Company ARBELLA PROTECTION				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] [3] [4]									
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 N									
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													1
Operator See Above				-----									
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 # 6PW879 Reg Type PAN Reg State MA									
Sex F Lic. Class [D] [18] [M] [18] Lic. Restrictions [1] [19] CDL _____				Veh Year 2017 Veh Make VOLKSWAGON Veh Config. [1] [20]									
Operator HARWOOD AMANDA Last First Middle				Owner (Same as operator) Last First Middle									
Address 151 MAGIZINE ST (apt. 2)				Address _____									
City CAMBRIDGE State MA Zip 02139				City _____ State _____ Zip _____									
Insurance Company STATE FARM MUTUAL				Vehicle Action Prior to Crash [5] [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] [3] [4]									
Citation # (If Issued) _____				Most Harmful Event [1] [23]									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code [4] [24] [24]									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override [25] Towed N									
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				-----									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

1255 CENTRE ST

CENTRE ST

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 (Ma reg CHE1) stated he was traveling SB on Centre Street approaching the intersection of Beacon St when his vehicle was struck on the driver's side door. Operator of MV1 stated he was in the second line when a MV from the left side entered into his lane hitting his running board. Operator of MV1 stated he never saw this vehicle attempting to enter into his lane.

Operator of MV2 (Ma reg 6pw879) stated she was traveling SB on Centre Street approaching the intersection of Beacon St when she attempted to enter into the adjacent lane. Operator of MV2 stated she put on her right blinker and attempted to enter the lane to the left. Operator of MV2 front passenger side bumper struck MV1's driver's side running board.

There was very minor damage to the running board on MV1. MV2 had more significant damage to the front bumper

(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

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 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:

area. Both parties stated they were not injured at this time. Both vehicles were able to operate without any incidents.

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

MARK D HAGOPIAN

NEWTON POLICE DEPART

04/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date