

Police Use Only		Commonwealth of Massachusetts						RMV Document Number				
Date of Crash 04/12/2019	Time of Crash 13:46 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 1	Speed Limit 15 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:				< LOCATION >	NOT AT INTERSECTION:							
Route# Direction Name of Roadway/Street At				NORTH 283 MELROSE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street				Landmark								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000368						
License # --- St MA DOB/Age --- CDL --- Reg # 491194 Reg Type PAN Reg State MA				Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 Veh Year 2003 Veh Make MERZ Veh Config. 1 20								
Operator BUTTERWORTH SUSAN H Endorsment				Owner (Same as operator) Last First Middle								
Address 3 REGINA TER				Address								
City NEWTON State MA Zip 02466				City State Zip								
Insurance Company COMMERCE				Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: X S E W Responding to Emergency?				Event Sequence 27 22 22 22 22 20								
Citation # (If Issued)				Most Harmful Event 27 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 27								
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												
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												
License # --- St --- DOB/Age --- CDL --- Reg # --- Reg Type --- Reg State ---				Sex M Lic. Class 18 18 Lic. Restrictions 19 Veh Year --- Veh Make --- Veh Config. 20								
Operator VONA STEPHEN P Endorsment				Owner Last First Middle								
Address 77 OLDHAM RD				Address								
City NEWTON State MA Zip 02465				City State Zip								
Insurance Company				Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 22 22 22 22 2								
Citation # (If Issued)				Most Harmful Event 23								
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed								
Please fill out for operator and all occupants involved				13 10								
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:

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:

The operator of MV#1 states that she was traveling north on Melrose St from Auburn St when she encountered a large flat bed truck blocking the roadway in front of #283 Melrose St, which is currently under construction.

The operator of MV#1 states she then spoke with an individual whom she believes to be Steven Vona of Vona Construction who is currently developing the site at #283 Melrose St. According to operator #1, Mr. Vona told her she needed to turn around immediately, which she attempted to do when the front of her MV struck a raised sidewalk causing damage to the front of her MV.

Operator #1 was very concerned that there was no signage or personnel from Vona Construction directing motorist where to go and feels he is responsible for the damage to her MV as he was the one informing her she

(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

Crash Narrative:
needed to leave the "construction zone" immediately. She further states that no one assisted her in turning around, her view was obstructed because her MV is so low to the ground and that a construction truck was blocking the nearest driveway, making it even more difficult to maneuver.
As I entered Melrose St from Comm Ave when I arrived I observed no signage and MV's were having to turn around. I informed Steven Vona that if he was going to temporarily block the street to unload equipment he needed to either use cones, signs or workers to assist drivers.
In regards to the crash, Mr. Vona stated that as operator #1 attempted to turn her MV around the front of her MV struck the sidewalk.
Photographs of the sidewalk area where the crash occurred taken by Traffic Officer M.McSweeney

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Truck and Bus Information:		Registration # _____ (From Vehicle Section)	
Carrier Name _____	Carrier Issuing Authority Code _____		<div>35</div>
Address _____	City _____	St _____	Zip _____
US DOT #: _____	State Number _____	Issuing State _____	ICC #: _____ Interstate <div>36</div>
Cargo Body Type Code <div>37</div>	Gross Vehicle Weight <div>38</div>		
Trailer Reg #: _____	Reg Type _____	Reg State _____	Reg Year _____ Trailer Length <div>39</div>
Hazmat Information:			
Placard <div>40</div>	Material 1 digit # <div>41</div>	Material Name _____	Material 4 digit # _____ Release code <div>42</div>