

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																			
Date of Crash 04/18/2019		Time of Crash 12:22 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:						9														
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 81 OAK ST 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 _____												11	4													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____																										
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000389																		
License # _____ St MA DOB/Age _____				Reg # MF4951				Reg Type MVN		Reg State MA																
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2019				Veh Make EONE		Veh Config. 97 20																
Operator TARASUIK JOHN				Owner CITY OF NEWTON																						
Address 144 ELLIOT ST				Address 1000 COMMONWEALTH AVE																						
City NEWTON State MA Zip 02464				City NEWTON State MA Zip 02459																						
Insurance Company SELF INSURED				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 2 22 22 22 22				2 3 4		10 Undercarriage																
Citation # (If Issued) _____				Most Harmful Event 2 23				1 24 24		5 11 Totaled																
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				Underride/Override 25 Towed N																		
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.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility	2								
Operator				See Above		-----		---	---	99	4	4	0	0	10	1										
OHARE, MARK				74 ELLIOT ST NEWTON, MA 02466		-- -- --		M	12	99	4	4	0	0	10	1										
MCCABE, SHAWN				74 ELLIOT ST NEWTON, MA 02464		-- -- --		M	12	99	4	4	0	0	10	1										
FRANKS, ZACHARY				74 ELLIOT ST NEWTON, MA 02464		-- -- --		M	12	99	4	4	0	0	10	1										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # 1BBF55				Reg Type PAN		Reg State MA																
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018				Veh Make CHEVROLET		Veh Config. 1 20																
Operator WESTSTRATE EVAN				Owner MUZI RENTALS																						
Address 38 ELLIS ST				Address 557 HIGHLAND AVE																						
City NEWTON State MA Zip 02464				City NEEDHAM State MA Zip 02494																						
Insurance Company EMPIRE				Vehicle Action Prior to Crash 11 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		10 Undercarriage																
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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		-----		---	---						10	1										
WESTSTRATE, VANDON				38 ELLIS ST NEWTON, MA 02464		-- -- --		M	12	99	4	4	0	0	10	1										
PRITCHARD, VINCINETA				740 WILLOW TERR (apt A4) GRAND ISLAND, MA 14072		-- -- --		F							10	1										

→ 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:

On Thursday 04/18/209 at approximately 1222 hours I responded to 81 Oak Street for a motor vehicle accident involving Newton Fire Ladder 2. At the time of the accident the weather was cloudy and road conditions were dry. Oak Street is a public way in the city of Newton.

Upon arrival I spoke with the operator of MV1 who stated while trying to maneuver through oncoming traffic on Oak Street heading southboud MV1 struck MV2's drivers side mirror while MV2 was parked. MV1 reported no damage and reported no injuries.

MV2 reiterated the same events and reported very minor damage to the drivers side mirror. No injuries were reported.

Several pictures were taken of both vehicles and submitted to the IT Bureau.

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