

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 04/20/2019	Time of Crash 21:07 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 1	Number Injured 1	Speed Limit <u>35</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 815 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 <u>2</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000400		
License # _____ St NY DOB/Age _____			Reg # HRD1065			Reg Type PC			Reg State NY		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2019			Veh Make CHEVY			Veh Config. <u>1</u> <u>20</u>		
Operator ERZSEBET PIROS S			Owner (Same as operator)								
Address 619 EMERSON ST			Address _____								
City ROCHESTER State NY Zip 14613			City _____ State _____ Zip _____								
Insurance Company STATE FARM FIRE CASUALTY INSURANCE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>3</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>3</u> <u>23</u>			1 2 3 4 5 6			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> 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 See Above			---			1 4 4 0 0 10 1			NONE		
TORRES, AMY 136 MAIN ST (apt 201) DANVILLE, NY 14437			F 3 1 4 4 0 0 10 1			NONE					
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants			<input checked="" type="checkbox"/> Non-Motorist A Type <u>1</u> <u>14</u>			Action <u>1</u> <u>15</u> Location <u>4</u> <u>16</u> Condition <u>1</u> <u>17</u>			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____		
Sex F Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year _____			Veh Make _____			Veh Config. <u>20</u>		
Operator NGUYEN KIM NGAN			Owner _____								
Address 11 SYDNEY ST (apt. 1)			Address _____								
City DORCHESTER State MA Zip 02125			City _____ State _____ Zip _____								
Insurance Company _____			Vehicle Action Prior to Crash <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>22</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
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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			---			9 2			BETH-ISRAEL HOSPITAL		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Witness

1

2

815 Washington St

N

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 Vehicle #1, identified as Ms. Erzsebet Piros, stated that she took a left turn from Walnut St onto Washington St prior to the colliding with Ms. Kim Nguyen. She further stated that she did not see the pedestrian prior to hearing the collision.

Her passenger, identified as Ms. Amy Torres, was sitting in the front passenger seat. She stated a similar account, and did not see the pedestrian prior to the collision. Neither party complained of injury, when asked.

A witness, Ms. John Angelucci, was travelling in his vehicle, in the lane next to Ms. Piros. He stated that he only heard the collision, and couldn't see it due to vehicle lights, and the falling rain.

The pedestrian, Ms. Kim Nguyen, stated that she attempted to cross the street, when she did not see any cars

(Continued on next page)

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
ANGELUCCI, JOHN,	106 SARGENT ST NEWTON, MA 02458	-----	Y

**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

DECLAN G HEALY

NEWTON POLICE DEPT.

04/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

