

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/25/2019		Time of Crash 10:21 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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 545 GROVE 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	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11	
1				3				<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 190000415				1	
License # _____ St MA DOB/Age _____ Reg # 7076TV Reg Type PAN Reg State MA												12	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Veh Year 2009 Veh Make HONDA Veh Config. 1 20												1	
Operator SZANISZLO MARIE Last First Middle				Owner (Same as operator) Last First Middle									
Address 66 WINSLOW RD				Address _____									
City BELMONT State MA Zip 02478				City _____ State _____ Zip _____									
Insurance Company ARBELLA				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 22 22 22 22 22 22 23 24 24 25 Towed Y									
Citation # (If Issued) _____				Most Harmful Event 22 23 24 24 25 Towed Y									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24 25 Towed Y									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	
Operator See Above				1 4 4 0 0 10 1								22	
7				1				Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____													
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 20													
Operator _____ Last First Middle				Owner _____ Last First Middle									
Address _____				Address _____									
City _____ State _____ Zip _____				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 22 23 24 24 25 Towed _____									
Citation # (If Issued) _____				Most Harmful Event 23 24 24 25 Towed _____									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 24 24 25 Towed _____									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed _____									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility									
Operator/Non-Motorist See Above				1 4 4 0 0 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:

Operator of vehicle 1 states she was was driving southbound on Grove St when a squirrell ran out infront of her. She swerved right to avoid the squirrell and hit a utility poll. Operator 1 was checked on by Cataldo medics and signed a patient refusal. The vehicle was towed by AAA and utilites were notified about possible damage to the poll.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, VERIZON,	,		4	UTILITIE POLE

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

MICHAEL ANTHONY IAROSS **NEWTON POLICE DEPART** **04/25/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00