

|   |                                |                     |  |  |  |   |                     |   |  |  |
|---|--------------------------------|---------------------|--|--|--|---|---------------------|---|--|--|
| Police Use Only   |                                |                     | Commonwealth of Massachusetts  |  |  |   | RMV Document Number |   |  |  |
| Date of Crash<br>05/04/2019   | Time of Crash<br>11:52<br>24HR | City/Town<br>NEWTON | Motor Vehicle Crash<br>Police Report   |  |  | Number Vehicles<br>2  | Number Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |                                |                     | < LOCATION >   |  |  | NOT AT INTERSECTION:  |                     |   |  |  |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____                                     |                                |                     | WEST 392 WATERTOWN ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>____ Feet [N S E W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____ |  |  | 2 9   |                     |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____ |                                |                     | ____ Feet [N S E W] of _____<br>Route# _____ Intersecting Roadway/Street _____   |  |  | 2 10  |                     |   |  |  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____                                    |                                |                     | ____ Feet [N S E W] of _____<br>Landmark _____   |  |  | 11 3  |                     |   |  |  |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |                                |                     | <input type="checkbox"/> Hit/Run   |  |  | <input type="checkbox"/> Moped                                  |                     |   | Case Number 190000452  |  |
| License # _____ St MA DOB/Age _____   |                                |                     | Reg # 2HA196 Reg Type PAN Reg State MA   |  |  | 12  |                     |   |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |                                |                     | Veh Year 2009 Veh Make MERCEDEDS Veh Config. 1 20  |  |  | 1   |                     |   |  |  |
| Operator KROUSKAS KOSTAS G<br>Last First Middle   |                                |                     | Owner KROUSKAS MARY E<br>Last First Middle   |  |  | 12  |                     |   |  |  |
| Address 8 QUIMBY ST (apt. A)  |                                |                     | Address 8 (apt. A) QUIMBY ST   |  |  | 1   |                     |   |  |  |
| City WATERTOWN State MA Zip 02472   |                                |                     | City WATERTOWN State MA Zip 02472  |  |  | 1   |                     |   |  |  |
| Insurance Company NORFLK DEDHAM MUT   |                                |                     | Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)   |  |  | 13  |                     |   |  |  |
| Vehicle Travel Direction: [N S E W] Responding to Emergency? _____  |                                |                     | Event Sequence 1 22 22 22 22 2 3 4   |  |  | 10 Undercarriage  |                     |   |  |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 1 23  |  |  | 5 11 Totaled  |                     |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code 19 24 24  |  |  | 6   |                     |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | Underride/Override 25 Towed N  |  |  | 6   |                     |   |  |  |
| 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  |  |  | 13  |                     |   |  |  |
| Operator See Above  |                                |                     | 1 4 4 0 0 10 1   |  |  | 1   |                     |   |  |  |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # D63200 Reg Type CON Reg State MA   |  |  | 20  |                     |   |  |  |
| Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____   |                                |                     | Veh Year 2017 Veh Make FORD Veh Config. 6  |  |  | 20  |                     |   |  |  |
| Operator TEIXEIRA ELISIO<br>Last First Middle   |                                |                     | Owner HANSS ROBERT C<br>Last First Middle  |  |  | 20  |                     |   |  |  |
| Address 422 SHAW ST (apt. 2B)   |                                |                     | Address 207 SUFFOLK RD   |  |  | 20  |                     |   |  |  |
| City NEW BEDFORD State MA Zip 02745   |                                |                     | City NEWTON State MA Zip 02467   |  |  | 20  |                     |   |  |  |
| Insurance Company ARBELLA INDEMNITY   |                                |                     | Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)   |  |  | 20  |                     |   |  |  |
| Vehicle Travel Direction: [N S E W] Responding to Emergency? _____  |                                |                     | Event Sequence 1 22 22 22 22 2 3 4   |  |  | 10 Undercarriage  |                     |   |  |  |
| Citation # (If Issued) _____  |                                |                     | Most Harmful Event 1 23  |  |  | 5 11 Totaled  |                     |   |  |  |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____   |                                |                     | Driver Contributing Code 1 24 24   |  |  | 6   |                     |   |  |  |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____   |                                |                     | Underride/Override 25 Towed N  |  |  | 6   |                     |   |  |  |
| 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  |  |  | 20  |                     |   |  |  |
| Operator/Non-Motorist See Above   |                                |                     | 1 4 4 0 0 10 1   |  |  | 20  |                     |   |  |  |
| LEAL, MANUEL  |                                |                     | 319 PARK AVE<br>NEW BEDFORD, MA 02745  |  |  | 20  |                     |   |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

392 Watertown Street

Watertown Street

NOT TO SCALE

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 states he was parked in a meter parking spot on Watertown Street when he put his left directional on to pull out into oncoming traffic. Operator of MV1 states MV2 stopped to let him pull out of the parking spot and when he did MV2 traveled with the flow of traffic and MV1 struck MV2's right front tire. MV1 sustained minor damage to the left front fender.

Operator of MV2 states he was traveling westbound on Watertown Street, which was bumper to bumper traffic. Operator of MV2 states when the traffic light turned green he proceeded with the flow of traffic and that's when MV1 pulled out of the parking spot and struck MV2's right front tire. MV2 sustained minor damage to the right front tire rim.

**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

**TIMOTHY F KEEFE**      NEWTON POLICE DEPT      05/04/2019

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

CDP1 11 -24:00