

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 05/17/2019	Time of Crash 07:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 35 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:							
NORTH RTE 128 Route# Direction Name of Roadway/Street At EAST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark									
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000500					
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ASUNCION JUAN Address 91 VIOLA ST City LOWELL State MA Zip 01851 Insurance Company LM GENERAL			Reg # 2LHZ11 Reg Type PAN Reg State MA Veh Year 2014 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
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 See Above --- --- 1 4 99 0 0 10 1									
TUGUME, DAVID 45 MIDDLESEX RD (apt 8) WALTHAM, MA 02452 --- M 6 1 4 99 0 0 10 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 --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ZINER STEVEN R Address 19 JOSIES WAY City SEASTON State MA Zip 02375 Insurance Company SAFECO			Reg # 2YF453 Reg Type PAN Reg State MA Veh Year 2014 Veh Make INFINITI Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 10 Undercarriage Driver Contributing Code 19 24 24 5 11 Totaled Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved			13									
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 99 0 0 10 1									
ZINER, JOANNE 19 JOSIES WAY SEASTON, MA 02375 --- F 3 1 4 99 0 0 10 1												

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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

Washington St

128 Off Ramp

P.O.I.

MV1

MV2

NOT TO SCALE

← N →

Crash Narrative:

MV1 stated he was travelling eastbound on Washington St when MV2 "pulled out in front of me" causing front end damage.

MV2 stated he was attempting to pull onto Washington St and the "first car let me go, and that guy was speeding and crashed into me" causing front end damage.

No parties required medical attention and both vehicles were removed from the scene by Tody's.

Operator of MV2 was cited under 89/8 Failure to Yield.

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