Commonwealth of Massachusetts
Motor Vehicle Crash
Police Report

Date of Crash	Time of Crash	City/Town
05/28/2019	08:39	NEWTON
	24HR	

Number Vehicles	Number Injured	Speed Limit **25**	State Police ☐
2	**0**	Latitude _____	Local Police ☒
		Longitude _____	MBTA Police ☐
			Other:

< LOCATION >

AT INTERSECTION: ____ | **NOT AT INTERSECTION:**

| 2 | 9 |

1 1

Route# ____ Direction ____ Name of Roadway/Street ____

WEST 697 WASHINGTON ST
Route# Direction Address # Name of Roadway/Street

| 2 | 10 |

At ____

_____ Feet [N] [S] [E] [W] of __ __ __ • __ or _____
Mile Marker   Exit Number

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

Also at Intersection with ____

_____ Feet [N] [S] [E] [W] of _____
Route#   Intersecting Roadway/Street

| 4 | 11 |

2 2

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

_____ Feet [N] [S] [E] [W] of _____
Landmark

3

☒ Vehicle 1 **1** #Occupants   ☐ Hit/Run   ☐ Moped   Case Number   **1900000542**

License # **---** St **MA** DOB/Age **-- --- ----**   Reg # **466EB6** Reg Type **PAN** Reg State **MA**

Sex **F** Lic. Class **D** [**18**] [**18**] Lic. Restrictions [**19** **1**] CDL ____ Endorsement **A**   Veh Year **2008** Veh Make **JEEP** Veh Config. [**20** **2**]

4 1   Operator **CHRISTOPOULOS** (Last) **JACLYN** (First) **A** (Middle)   Owner **(Same as operator)** (Last) (First) (Middle)

| 1 | 12 |

Address **1200 MADISON PL**   Address _____

City **SSOUTHBOROUGH** State **MA** Zip **01772**   City _____ State ____ Zip ____

Insurance Company **INTEGON NATIONAL**   Vehicle Action Prior to Crash [**21** **1**]   Damaged Area Code: (Circle Up to Three)

5   Vehicle Travel Direction: [N] [S] [E] [☒W]   Responding to Emergency? ____   Event Sequence [**22** **2**] [**22**] [**22**] [**22**]

Citation # (If Issued) _____   Most Harmful Event [**23** **2**]

Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____   Driver Contributing Code [**24** **1**] [**24**]

6 1   Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____   Underride/Override [**25**] Towed **N**

Please fill out for operator and all occupants involved

13	
2	

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	99	0	0	10	1	

7 1

Please Select One of the Following: ☒ Vehicle 2 **0** #Occupants   ☐ Non-Motorist A Type [**14**] Action [**15**] Location [**16**] Condition [**17**]   ☐ Hit/Run   ☐ Moped

License # _____ St ____ DOB/Age _____   Reg # **503B** Reg Type **MVN** Reg State **MA**

Sex ____ Lic. Class [**18**] [**18**] Lic. Restrictions [**19**] CDL ____ Endorsement   Veh Year **2017** Veh Make **FORD** Veh Config. [**20** **1**]

8 1   Operator _____ (Last) (First) (Middle)   Owner **CITY OF NEWTON** (Last) (First) (Middle)

Address _____   Address **1321 WASHINGTON STREET**

City _____ State ____ Zip ____   City **NEWTON** State **MA** Zip **02465**

Insurance Company **SELF**   Vehicle Action Prior to Crash [**21** **11**]   Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: [N] [S] [E] [☒W]   Responding to Emergency? ____   Event Sequence [**22** **1**] [**22**] [**22**] [**22**]

Citation # (If Issued) _____   Most Harmful Event [**23** **1**]

Violation 1: Ch ____ Sec ____ Violation 2: Ch ____ Sec ____   Driver Contributing Code [**24** **1**] [**24** **1**]

Violation 3: Ch ____ Sec ____ Violation 4: Ch ____ Sec ____   Underride/Override [**25**] 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/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

Crash Diagram:

→ Direction　　| 1 | Vehicle 1　| 2 | Vehicle 2　♀ Pedestrian

ie: → | 1 |　→ | 2 |　→ ♀

WASHINGTON ST

697 WASHINGTON ST

Unit 2
Unit 1

← N →

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 vehicle one stated that while driving west bound near 697 Washington St her vehicle's passenger side mirror struck vehicle's two driver's side mirror. Operator of vehicle one stated that a large truck that was driving next to her vehicle west bound that was coming close to her vehicle. Vehicle two was parked unoccupied in front of 697 Washington St. Vehicle's one's passenger mirror was damaged and vehicle's two was not damaged. Neither vehicle required a tow and operator of vehicle one stated that she was not injured. I took photos of both vehicles and forward the disk to the NPD's 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]

MICHAEL A MCSWEENEY　　　　　　　NEWTON POLICE DEPARTMENT　　　05/28/2019

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