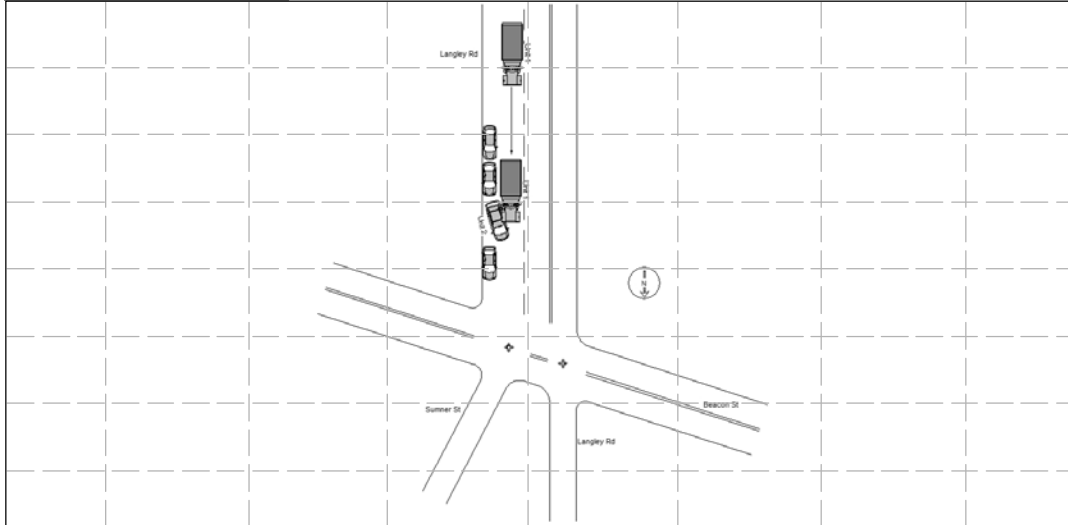


Police Use Only			Commonwealth of Massachusetts										RMV Document Number									
Date of Crash 05/29/2019		Time of Crash 13:01 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2		Number Injured 0		Speed Limit 30 Latitude Longitude		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:						< LOCATION >		NOT AT INTERSECTION:														
Route# Direction Name of Roadway/Street At						NORTH 55 LANGLEY RD Route# Direction Address # Name of Roadway/Street Feet N S E W of 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																
Route# Direction Name of Intersecting Roadway/Street						Landmark																
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000550														
License # --- St MA DOB/Age --- Sex M Lic. Class A 18 M 18 Lic. Restrictions 1 19 CDL Endorsment Operator MASTROIANNI NICHOLAS Address 14 MIDDLE STREET City NEWTON State MA Zip 02458 Insurance Company SAFETY Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # R97014 Reg Type CON Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 6 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled																
Please fill out for operator and all occupants involved						13																
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																
Please Select One of the Following:						<input checked="" type="checkbox"/> Vehicle 2 1 #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 F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator MEDVEDOW ELISABETH J Address 71 CLARK ST City NEWTON State MA Zip 02459 Insurance Company PLYMOUTH ROCK Vehicle Travel Direction: X S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Reg # 1578DI Reg Type PAN Reg State MA Veh Year 2007 Veh Make HONDA Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 7 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 4 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled																
Please fill out for operator and all occupants involved						13																
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 1 4 3 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 1 stated he was stopped at the red light Northbound on Langley Rd. at the intersection of Beacon St. When the light turned green he proceeded forward and vehicle 2 pulled out of a metered spot striking vehicle 1.

Operator 2 stated that she was parked facing Northbound on Langley Rd. Operator 2 thought vehicle 1 was letting her pull out of her spot. She proceeded forward into the travel lane and the two vehicles collided. 2 witnesses to the accident stated that vehicle 2 pulled out of the spot while vehicle 1 proceeded forward. Both witnesses believe that due to the height of the truck vehicle 1 couldn't see vehicle 2 pulling out. Vehicle 1 sustained minor damage, vehicle 2 sustained moderate damage, there were no tows. There were no injuries.

#### Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GOUNEIA, KENNY,	/	----	N
LOMBARDI, CHARLES,	/	----	N

#### 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