

|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
|---|--|----------------------------------|-------------------------------|---|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|----|
| Police Use Only   |  |                                  | Commonwealth of Massachusetts |   |  |                                      | RMV Document Number |                         |                        |   |  |  |    |
| Date of Crash<br>06/07/2019   |  | Time of Crash<br>11:23<br>24HR   |                               | City/Town<br>NEWTON   |  | Motor Vehicle Crash<br>Police Report |                     | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 10<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:                 |                     |                         |                        |   |  | 9  |    |
| Route# _____ Direction _____ Name of Roadway/Street _____<br>At _____   |  |                                  |                               | NORTH 200 BOYLSTON ST<br>Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____<br>____ Feet [N S E W] of _____ • _____ or _____<br>Mile Marker _____ Exit Number _____<br>____ Feet [N S E W] of _____<br>____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____<br>Landmark _____   |  |                                      |                     |                         |                        |   |  | 2  | 10 |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____<br>Also at Intersection with _____   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  | 11   | 3  |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____  |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants  |  | <input type="checkbox"/> Hit/Run |                               | <input type="checkbox"/> Moped  |  | Case Number 190000589                |                     |                         |                        |   |  |  |    |
| License # _____ St MA DOB/Age _____<br>Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____<br>Operator SCALTRETO FRANCIS P<br>Address 1321 WASHINGTON ST<br>City NEWTON State MA Zip 02465<br>Insurance Company SELF                        |  |                                  |                               | Reg # MP496B Reg Type MVN Reg State MA<br>Veh Year 2017 Veh Make FORD Veh Config. 2 20<br>Owner NEWTON CITY HALL<br>Address 1000 COMMONWEALTH AVE<br>City NEWTON State MA Zip 02459<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24 Underride/Override 25 Towed N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ |  |                                      |                     |                         |                        |   |  | 7  | 12 |
| Please fill out for operator and all occupants involved   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  | 13   | 1  |
| 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  |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
| 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 _____<br>Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____<br>Operator SHEEN DEBBY<br>Address 57 KAREN RD<br>City WABAN State MA Zip 02468<br>Insurance Company COMMERCE                                    |  |                                  |                               | Reg # SHEEN Reg Type PAV Reg State MA<br>Veh Year 2017 Veh Make MERZ Veh Config. 2 20<br>Owner (Same as operator)<br>Address _____<br>City _____ State _____ Zip _____<br>Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23<br>Driver Contributing Code 99 24 99 24 Underride/Override 25 Towed N<br>Citation # (If Issued) _____<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____         |  |                                      |                     |                         |                        |   |  | 8  | 99 |
| 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   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |
|   |  |                                  |                               |   |  |                                      |                     |                         |                        |   |  |  |    |

→ 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:**

MV1 was driving northbound in the parking lot when MV2 backed out of a parking spot striking MV1 in the right rear door and quarter panel. Oper 1 stated he was driving in the lot when MV2 struck the right rear of the car. Oper 2 stated she was backing out of he spot when she struck MV1 she stated she did not see MV1 prior to the accident. pictures were taken by and forwarded to IT

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witnesses:**

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
| ROSOVESKY, MICHEAL,        | ,       | ----    | Y         |
|                            |         |         |           |

**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

JOHN P OCONNELL      NEWTON POLICE DEPARTM      06/07/2019

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

CDP1 11 -24:00