

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/06/2019		Time of Crash 12:28 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 587 CHESTNUT ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet [N S E W] of _____ • _____ or _____ _____ Mile Marker _____ Exit Number _____ _____ Feet [N S E W] of _____ _____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	2
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000602							
License # _____ St MA DOB/Age _____				Reg # 8187VV Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2004 Veh Make LEX Veh Config. 1 20									
Operator MALLOY TERESA Last First Middle				Owner (Same as operator) Last First Middle									
Address 21 ALBERMARLE ROAD				Address _____									
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____									
Insurance Company QUINCY MUTUAL				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility													
Operator See Above													
HARRIS, JANET 14 RUSTIC ST NEWTON, MA 02465													
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 _____				Reg # PAN Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2004 Veh Make ACURA Veh Config. 2 20									
Operator TVERSKOY MITCHELL Last First Middle				Owner BROOKLINE DRIVIN Last First Middle									
Address 37 SCHOFIELD DR				Address 37 SCHOFIELD DR									
City NEWTON State MA Zip 02467				City NEWTON State MA Zip 02460									
Insurance Company SAFETY				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: [X] S [ ] E [ ] W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 5 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y									
Please fill out for operator and all occupants involved													
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													

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

Crash Diagram:

Chestnut st

8187VV

98FT16

NOT TO SCALE

← N →

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:**

On 6/6/20119 at approx 1228hrs while assigned to 497 I responded to the area of 587 Chestnut St for a report of a two car crash upon arrival I met with the operator of Ma. Reg 8187VV Teresa MALLOY who stated she was traveling NB on Chestnut St when the postman ( Musar from Waban Post Office 929-278-0647) stepped out in the street , MALLOY stopped and was hit from behind by Ma. Reg 98FT16 being operated by Mitchell TVERSKOY. I spoke with TVERSKOY who stated MALLOY stopped suddenly and he crashed into her. MALLOY'S passenger, Janet HARRIS was having pain after the crash and was transported to NWH by Cataldo Ambulance. TVERSKOY'S vehicle towed by TODYS.

**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

JO A GOURDEAU

NEWTON POLICE DEPARTM

06/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date