

Police Use Only			Commonwealth of Massachusetts										RMV Document Number												
Date of Crash 06/16/2019		Time of Crash 08:53 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report										Number Vehicles 1		Number Injured 0		Speed Limit 0 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						NORTH 197 CALIFORNIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of 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 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000619																	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator ANTONELLIS CATHARINE A Address 62 UPTON RD City WALTHAM State MA Zip 02471 Insurance Company COMMERCE 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 # 981PE7 Reg Type PAN Reg State MA Veh Year 1999 Veh Make HONDA 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 20 22 30 22 27 22 30 22 Most Harmful Event 30 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 10 Undercarriage 11 Totaled															
Please fill out for operator and all occupants involved										13 20															
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 type="checkbox"/> Vehicle #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 --- DOB/Age --- Sex --- Lic. Class 18 18 Lic. Restrictions --- CDL Operator --- Address --- City --- State --- Zip --- Insurance Company --- Vehicle Travel Direction: N 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 # --- Reg Type --- Reg State --- Veh Year --- Veh Make --- Veh Config. 20 Owner --- Address --- City --- State --- Zip --- Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed --- 10 Undercarriage 11 Totaled															
Please fill out for operator and all occupants involved										13 20															
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:

Operator 1 of MV 1 was pulling into a parking spot in the parking lot and accidentally pressed the gas instead of the brake. MV 1 collided with a fence owned by McDonalds at 197 California St and then a fence owned by the City of Newton at Forte Park at 235 California St.

Todys arrived and was able to retrieve the vehicle and bring it back up from the embankment. Minor damage to MV1 and no injuries to operator 1.

Pictures were taken of the scene and turned into the IT bureau.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, MCDONALDS,	197 CALIFORNIA ST NEWTON, MASSACHUSETTS 0		97	FENCE
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0		3	FORTE PARK FENCE

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

ROBERT A MARCH

NEWTON POLICE DEPART

06/16/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Remarks

Date