

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/26/2019		Time of Crash 16:52 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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	
NORTH Route# Direction Name of Roadway/Street At WEST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark								2	10
1 1				2 1								11	3
3				3								12	1
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000660					
License # --- St MA DOB/Age ---				Reg # MF444 Reg Type MVN Reg State MA								20	1
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2010 Veh Make PRCA Veh Config. 97								20	1
Operator PROIA CHARLES A				Owner CITY OF NEWTON								20	1
Address 195 CRAFT STREET				Address 1000 COMMONWEALTH AVE								20	1
City NEWTON State MA Zip 02458				City NEWTON State MA Zip 02459								20	1
Insurance Company CITY OF NEWTON				Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)								20	1
Vehicle Travel Direction: N S E X Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N								20	1
Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								20	1
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								20	1
Operator See Above				CICCONI, JOSEPH 196 CRAFT STREET NEWTON, MA 02458								20	1
COTOIA, JOESPH 195 CRAFT STREET NEWTON, MA 02458				SBORDONE, ANDREW 195 CRAFT STREET NEWTON, MA 02458								20	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 --- Reg # 974GR1 Reg Type PAN Reg State MA								20	1
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2011 Veh Make AUDI Veh Config. 2								20	1
Operator MICHAUD SUSAN				Owner (Same as operator)								20	1
Address 16 BERWICK ROAD				Address _____								20	1
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____								20	1
Insurance Company ARABELLA MUTUAL INS				Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)								20	1
Vehicle Travel Direction: N S X W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								20	1
Citation # (If Issued) _____				Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								20	1
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								20	1
Operator/Non-Motorist See Above												20	1

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

On 06/26/2019, while assigned to N494, I, Officer Conary, responded to Cabot Street at Blake Street for a motor vehicle accident involving a City of Newton vehicle, fire truck. Operator of MV1 stated that he was traveling Northbound on Blake Street taking a left turn onto Cabot Street. Cabot Street is under construction and there was barrels in the road which caused MV1 to go around them. MV1 was too close to MV2 while taking the turn and hit MV2. Operator of MV2 stated that she was stopped Eastbound on Cabot street, waiting to take a right turn onto Blake Street. When MV1 was turning, it was too close and struck her vehicle.

All parties were offered and declined medical attention. MV2 had to be towed from scene. Pictures were taken and will be submitted to IT accordingly.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	6177961000	3	FIRE TRUCK

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