

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/01/2019		Time of Crash 17:00 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	
NORTH CHESTNUT ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
WEST ELLIOT ST						Feet N S E W of _____ or _____ Mile Marker Exit Number						11	
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						3	
Route# Direction Name of Intersecting Roadway/Street						Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000679							
License # --- St MA DOB/Age ---				Reg # 89PW29 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2017 Veh Make HONDA Veh Config. 2 20									
Operator DOHERTY JACQUELINE				Owner (Same as operator)								12	
Address 42 LURA LANE				Address _____									
City WALTHAM State MA Zip 02451				City _____ State _____ Zip _____									
Insurance Company COMMERCE INSURANCE				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				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				7 8 9 10 11 12 13					
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				---				1 1 99 0 0 9 2 NEWTON WELLESLEY					
KALASHIAN, JENNIFER 42 LURA LN WALTHAM, MA 02451				F 3 1 1 99 0 0 10 2 NWH (WITH DRIVER) NO									
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 # 7AZ351 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____				Veh Year 2007 Veh Make FORD Veh Config. 1 20									
Operator GAGNON NICHOLAS D				Owner GAGNON MATTHEW P									
Address 11 OLD COUNTRY WAY				Address 11 OLD COUNTRY WAY									
City E SANDWICH State MA Zip 02537				City E SANDWICH State MA Zip 02537									
Insurance Company GEICO				Vehicle Action Prior to Crash 4 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? _____				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued) T144579				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch 89/8 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24				6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				7 8 9 10 11 12 13					
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				---				1 4 99 0 0 10 1 REFUSED					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Chestnut St

Elliot St

Unit 1

Unit 2

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 of MV1 states she was stopped at the northbound light on Chestnut St at the intersection of Elliot St. She states the light turned green and she proceeded northbound through the intersection. MV2 was heading southbound on Chestnut St. Operator of MV1 states MV2 did not yield, and turned in front of her. She did not have time to stop and the two vehicles collided.

Operator of MV2 states he was heading southbound on Chestnut St, turning left onto Elliot St. He states he did not see MV1, and turned left. While turning, MV2 collided with MV1.

Witness states she was behind MV2 at the light. She states MV1 continued into the intersection when the light turned green. She states MV2 turned into MV1 without yielding.

Operator of MV2 was issued citation #T1444579, for 89/8, fail to yield while turning left.

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
ABEDON, CAROL, K	10 ROSCOE ST NEEDHAM, MA 02494	-----	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

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

DANIEL RICHARD POUTAS

NEWTON POLICE DEPART

07/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

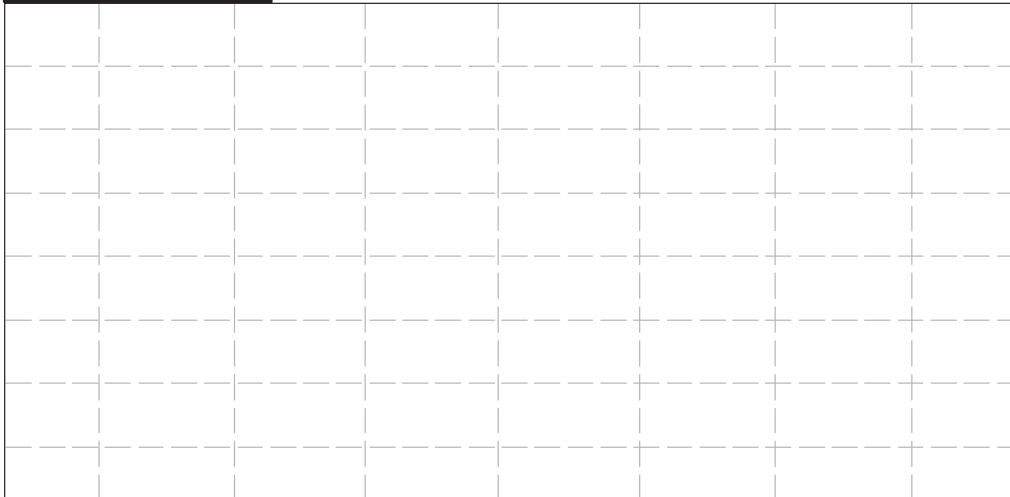
Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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 had airbag deployment. Operator of MV1 was transported to Newton Wellesley hospital with apparent minor injured. Operator of MV2 signed a patient refusal, as did the passenger of MV1.

Both vehicles were 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 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

DANIEL RICHARD POUTAS

NEWTON POLICE DEPART

07/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date