

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/02/2019	Time of Crash 19:51 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 3	Number Injured 1	Speed Limit <u>10</u> 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:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 241 NEEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ MARSHALLS PARKING LOT Landmark _____							
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 190000684			
License # _____ St MA DOB/Age _____			Reg # 678CLM		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2008		Veh Make TOYOTA		Veh Config. 2 20			
Operator STRUNSKY BENJAMIN Last First Middle			Owner STRUNSKY ANDREW Last First Middle							
Address 59 MACARTHUR RD			Address 13 DONNA RD							
City NATICK State MA Zip 01760			City FRAMINGHAM State MA Zip 01701							
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence 23 22 2 22 22 22		②		3 4			
Citation # (If Issued) _____			Most Harmful Event 2 23		①		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		①		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		8		6			
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 See Above			1 4 4 0 0 10 1							
STRUNSKY, ANDREW 13 DONNA RD FRAMINGHAM, MA 01701			3 1 4 4 0 0 10 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 # BU36752		Reg Type BUN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2012		Veh Make FORD		Veh Config. 5 20			
Operator JACQUET EDNA Last First Middle			Owner TRANSACTION COR Last First Middle							
Address 23 BEACON ST (apt. 2)			Address 5 (apt. B) WHEELING AVE							
City HYDE PARK State MA Zip 02136			City WOBURN State MA Zip 01801							
Insurance Company ACADIA INSURANCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 1 22 2 22 22 22		2		3 4			
Citation # (If Issued) _____			Most Harmful Event 1 23		①		10 Undercarriage			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		①		5 11 Totaled			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y		8		6			
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Operator/Non-Motorist See Above			1 4 4 0 0 8 2							

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AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street							
			Landmark							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000684			
License # St DOB/Age			Reg # BU38750			Reg Type BUN		Reg State MA		
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2015			Veh Make FORD		Veh Config. 5 20		
Operator Last First Middle			Owner TRANSACTION COR			Last First Middle				
Address			Address 5 (apt. B) WHEELING AVE			Last First Middle				
City State Zip			City WOBURN			State MA		Zip 01801		
Insurance Company ACADIA INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 2 22 22 22 22			2 3 4		10 Undercarriage		
Citation # (If Issued)			Most Harmful Event 2 23			1 9		5 11 Totaled		
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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			Reg #			Reg Type		Reg State		
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year			Veh Make		Veh Config. 20		
Operator Last First Middle			Owner			Last First Middle				
Address			Address			Last First Middle				
City State Zip			City			State		Zip		
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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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:

Owner of MV1 Andrew Strunsky stated he was teaching his son Benjamin who has a learns permit how to drive he was operating MV1 when he hit the gas instead of the brake and struck a fence belonging to (A.J. Virgilio) he then proceeded to hit MV2 which was parked.

Operator of MV2 stated she was sitting in the drivers seat of the bus when MV1 struck the driver side door of the vehicle.

MV1 had significant damage to the front right hood and bumper. MV2 had significant damage to the driver side door. MV2 was pushed into MV3. MV3 had minor damage to the front driver side of the bumper.

Operator of MV2 was transported to NWH for minor injuries.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
VIRGILIO, A.J.,	86 SUMMIT LOCKE RD WESTFIELD, MASSACHUSETTS	413-562-6600	97	FENCE

Truck and Bus Information:

Registration # BU36752 (From Vehicle Section)

Carrier Name TRANSACTION CORPORATE SHUTTLE 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

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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on a Public Way:

☐ Off-Street Parking Lot

 Garage

☐ Mall/Shopping Center

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Indicate North by Arrow



Crash Narrative:

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 # BU38750 (From Vehicle Section)

Carrier Name **TRANSACTION CORPORATE SHUTTLE** 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
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37

Gross Vehicle Weight	38
----------------------	----

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
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SEAN STAKE

NEWTON POLICE DEPARTMENT

07/02/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____