

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 07/17/2019		Time of Crash 17:08 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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 _____				EAST 647 WASHINGTON 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 _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												4	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000734					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE				Reg # 1RAW81 Reg Type PAN Reg State MA Veh Year 2019 Veh Make HONDA Veh Config. 2 20 Owner ROCKLEIN ABIGAIL Address 11234 KIRKBRIDE DR City DANVERS State MA Zip 01923 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][22][22][22] 2 3 4 Most Harmful Event [1][23] 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed N								12	
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	2
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 checked="" type="checkbox"/> Vehicle 2 1 #Occupants <input type="checkbox"/> Non-Motorist A Type [14] Action [15] Location [16] Condition [17] <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St XX DOB/Age --- Sex M Lic. Class [99][18][18] Lic. Restrictions [1][19] CDL _____ Operator MONERO JUAN Address 85 ESMOND ST City DORCHESTER State MA Zip 02121 Insurance Company PROGRESSIVE				Reg # 9CW579 Reg Type PAN Reg State MA Veh Year 2019 Veh Make NISSAN Veh Config. 1 20 Owner HERRY ASWAD Address 229A (apt. 302) RIVER ST City MATTAPAN State MA Zip 02126 Vehicle Action Prior to Crash [4][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [19][24][24] 5 11 Totaled Underride/Override [25] Towed N								8	9
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? _____ Citation # (If Issued) T1444056 Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 90/10/A Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
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/Non-Motorist See Above													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

*NOT TO SCALE*

647 Washington St  
Whole Foods

MV1

P.O.I.

MV2

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

**Crash Narrative:**

A witness reported MV1 was struck by MV2 who then parked in the back of the lot and ran into Whole Foods. MV1 sustained minor driver's side damage.

MV2 stated he "pulled back into whole foods, maybe hit that car but it didn't feel like I hit it hard and I knew I was late returning to work so I just ran back inside." MV2 sustained minor front passenger side damage.

Operator of MV2 was cited with the following

M.G.L. 90/10 Unlicensed Operation

M.G.L. 90/24 Leaving the Scene of Property Damage

See Incident Report # 19029490 for additional information

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement
MELTZER, GREG,	12 HARRINGTON ST NEWTON, MA 02460	-----	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

GREGORY P HELMS

NEWTON POLICE DEPART

07/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date