

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 07/20/2019	Time of Crash 23:24 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 3	Number Injured 1	Speed Limit 35 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 552 COMMONWEALTH AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N][S][E][W] of _____ ____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000748		
License # _____ St MA DOB/Age _____			Reg # 1ML142 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2009 Veh Make INFINITI Veh Config. 1 20		
Operator OSULLIVAN LUKE J			Owner OSULLIVAN PATRICK			Address 103 CENTRE ST			City DOVER State MA Zip 02030		
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 9 24 20 24		
Citation # (If Issued) T1442692			Underride/Override 25 Towed Y			8 7 6			10 Undercarriage 5 11 Totaled		
Violation 1: Ch 90/24 Sec Violation 2: Ch 89/4A Sec											
Violation 3: Ch 90/24 Sec Violation 4: Ch _____ Sec											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			99		1		99	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____										Reg # 1BMS83 Reg Type PAN Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____										Veh Year 2012 Veh Make FORD Veh Config. 1 20	
Operator _____										Owner SOUZA FERREIRA GIULIA	
Address _____										Address 546 COMMONWEALTH AVE	
City _____ State _____ Zip _____										City NEWTON State MA Zip _____	
Insurance Company COMMERCE										Vehicle Action Prior to Crash 11 21	
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? _____										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence 1 22 22 22 22	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Most Harmful Event 1 23	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										Driver Contributing Code 1 24 24	
Underride/Override 25 Towed Y										8 7 6	
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		---	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

552 Commonwealth Ave

COMMONWEALTH AVE

IRVING ST

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 7/20/19 at 23:24 hrs I responded to the area of 552 Commonwealth Avenue for a report of a MVA. Upon arrival it was determined MV#1 had struck two unoccupied parked vehicles in the eastbound parking shoulder. The operator of MV#1 stated he was on his phone while driving and when he picked his head up another vehicle coming westbound was in his lane so he swerved to avoid collision and struck the parked vehicles. The impact caused MV#1 to spin and came to final rest facing Westbound.

All vehicles were towed from he scene by Tody's towing. The operator of MV#1 was transported to the hospital for potential injuries.

The Operator of MV#1 is being issued MA Citation T1442692 for 90/24 OUI Drugs, 89/4a Marked Lane Violation and 90/13B Impeded Operation/Phone Use and MA Citation T1442693 for 90/24 Operating to Endanger.

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

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

CHRISTOPHER J BOUDREAU NEWTON POLICE DEPARTM 07/21/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00