

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/17/2019		Time of Crash 15:10 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		
SOUTH QUINOBEQUIN RD Route# Direction Name of Roadway/Street At				Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number								2 10		
WEST WASHINGTON ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								11		
Route# Direction Name of Intersecting Roadway/Street				Landmark								4		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000749					3	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator SIGNORE MARIO AUGUSTINE Address 351 LANGLEY RD City NEWTON State MA Zip 02459 Insurance Company COMMERCE				Reg # T69734 Reg Type PAS Reg State MA Veh Year 2005 Veh Make LEXS Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 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								13		
Operator See Above				1 4 4 0 0 10 1								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		7 2
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator ZENGILOWSKI JOHN Address 22 CUNNINGHAM WAY City WILMINGTON State MA Zip 01887 Insurance Company PROGRESSIVE				Reg # 2GGH11 Reg Type PAS Reg State MA Veh Year 2006 Veh Make CHEV Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								8 4		
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 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 4 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Quinobequin Rd

Washington St

NOT TO SCALE

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 7/17/2109 at approx 1510 Hrs while assigned to 497 I responded to the intersection of Quinobequin Rd and Washington St for a report of a two car collision. Upon arrival I found Ma reg T69734 being operated by Mario SIGNORE and Ma Reg 2GGH11 being operated by John ZENGILOWSKI pulled over on the wb side of Washington St. Both SIGNORE and ZENGILOWSKI would become verbally confrontational when out of their vehicles so I had them both remain seated inside their vehicles. Both SIGNORE and ZENGILOWSKI claimed to be taking the right onto Washington St from Quinobequin Rd when the other swerved into them twice. SIGNORE's vehicle had minor driver side tire well and rear passenger side bumper damage, ZENGILOWSKI had minor damage to front driver bumper. Both SIGNORE and ZENGILOWSKI had significant driving histories including multiple suspensions and aggressive driving habits.

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