

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/21/2019	Time of Crash 13:36 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 400 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				2 11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000750		
License # --- St MA DOB/Age ---			Reg # 667JP7 Reg Type PAN Reg State MA			20			12		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 0217 Veh Make SUBA Veh Config. 1			20			12		
Operator KAUFMAN BRUCE Last First Middle			Owner (Same as operator) Last First Middle			20			12		
Address 69 CHESTNUT HILL RD (apt. 1)			Address			20			12		
City BRIGHTON State MA Zip 02135			City State Zip			20			12		
Insurance Company LIBERTY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)			13		
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 1 22 22 22 22 2			3 4			13		
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage			13		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24			5 11 Totaled			13		
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			6			13		
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			13		
Operator			See Above			1 4 4 0 0 10 1 NONE			13		
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 # NA888 Reg Type PAS Reg State RI			20			12		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016 Veh Make KIA Veh Config. 2			20			12		
Operator HEINSOHN DANIELLE Last First Middle			Owner NORTH AMERICAN Last First Middle			20			12		
Address 28 BEAVERBROOK RD			Address 350 SPRING ST			20			12		
City NORFOLK State MA Zip 02056			City PROVIDENCE State RI Zip 02909			20			12		
Insurance Company EMPIRE FIRE & MARINE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			13		
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 1 22 22 22 22 2			3 4			13		
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage			13		
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Operator/Non-Motorist			See Above			1 4 4 0 0 10 1 NONE			13		

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian
 ie: → 1 → 2 →

Crash Diagram:

Centre Ave

Centre St

Unit 1

Unit 2

400 Centre 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:

Operator of vehicle 1 was traveling northbound on Centre St when he tapped the rear of vehicle 2 which was attempting to merge off on Centre St onto Centre Ave. There was minor to no damage on both vehicles. No

tows required. No reported injuries.

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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

07/21/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date