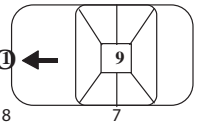
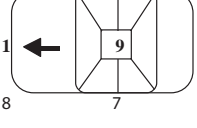


Police Use Only			Commonwealth of Massachusetts				RMV Document Number								
Date of Crash 07/25/2019		Time of Crash 16:41 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2		Number Injured 0		Speed Limit 25 Latitude _____ Longitude _____		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >				NOT AT INTERSECTION:							
<div><div>NORTH</div><div>ASHTON AVE</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>HOMER STREET</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>				<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>											
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000767							
License # --- St XX DOB/Age ---				Reg # 8ZN546 Reg Type PAN Reg State MA											
Sex F Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2017 Veh Make SUBA Veh Config. 1 20											
Operator SANTANGELO SAMANTHA				Owner (Same as operator)											
Address 264 WARD ST				Address											
City NEWTON State MA Zip 02459				City State Zip											
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S E W Responding to Emergency?				Event Sequence 1 22 22 22 22 2								10 Undercarriage 11 Totaled			
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
Please fill out for operator and all occupants involved															
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 See Above				---											
SANTANGELO, MIA 264 WARD ST NEWTON, MA 02459				F 3 1 3 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 XX DOB/Age ---				Reg # 1EPW34 Reg Type PAN Reg State MA											
Sex M Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment				Veh Year 2008 Veh Make FORD Veh Config. 1 20											
Operator PATHAK ADITYA				Owner (Same as operator)											
Address 21 BABSON COLLEGE DR				Address											
City WELLESLEY State MA Zip 02481				City State Zip											
Insurance Company LM GENERAL				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency?				Event Sequence 1 22 22 22 22 2								10 Undercarriage 11 Totaled			
Citation # (If Issued)				Most Harmful Event 1 23											
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 19 24 24											
Violation 3: Ch Sec Violation 4: Ch Sec				Underride/Override 25 Towed Y											
Please fill out for operator and all occupants involved															
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				---				99 2 4 0 0 10 1							

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

ASHTON AVE

HOMER ST

Unit 1

Unit 2

PLEASANT STREET

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:**

The operator of vehicle 1 stated she was traveling West on Homer Street about to cross over the intersection of Ashton Ave when all of the sudden vehicle 2 was crossing over Homer Street right in front of her. It was too late to stop and she crashed into vehicle 2. The passenger stated the same.

The operator of Vehicle 2 stated he was driving North on Pleasant Street, came to a stop and proceeded to cross over Homer Street headed to Ashton Ave. He stated it looked safe to cross over and while he was crossing vehicle 1 came from his right side at a high rate of speed and crashed into his passenger side door.

All parties either signed medical refusals or were cleared by cataldo medics. Both vehicles were towed by Todys.

**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

THOMAS BANNON

NEWTON POLICE DEPART

07/25/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date