

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | |
|---|--------------------------------|---------------------|---|--|------------------------------------|----------------------|---|---|--|--|
| Date of Crash 07/29/2019 | Time of Crash 09:24 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: | | | | | |
| WEST NEEDHAM ST Route# Direction Name of Roadway/Street At | | | Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number | | | | | | | |
| NORTH WINCHESTER ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | Feet N S E W of _____ Route# Intersecting Roadway/Street | | | | | | | |
| Route# Direction Name of Intersecting Roadway/Street | | | Landmark | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000775 | | | |
| License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator STEED SHAWANDA Address 200 2ND AVE (apt. 2150) City NEEDHAM State MA Zip 02494 Insurance Company COMMERCE | | | Reg # 6CK981 Reg Type PAN Reg State MA Veh Year 2013 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 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 | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 27 28 29 30 31 32 33 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | |
| Operator See Above | | | 1 4 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 MD DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions I 19 CDL _____ Operator DE LIMA RONALDO A Address 62 CAREY AVE (apt. 2) City WATERTOWN State MA Zip 02472 Insurance Company NONE | | | Reg # 17122 Reg Type MCS Reg State MA Veh Year 2018 Veh Make MOPED Veh Config. 3 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 4 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 4 24 24 5 11 Totaled Underride/Override 25 Towed N | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 27 28 29 30 31 32 33 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | |
| Operator/Non-Motorist See Above | | | 5 5 3 0 0 10 1 | | | | | | | |

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

Crash Diagram:

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 states she was in the middle (left turn/straight) lane on Needham St turning left onto Winchester St when vehicle 2 came up on her right from the right turn/straight lane and tried to go around her but instead hit her passenger side causing minor damage and a flat tire.

Operator of vehicle 2 stated he was turning left and vehicle 1 swerved in front of him. I issued operator of vehicle 2 MA uniform citation #T1444587 for 89/4a failure to use care when passing. Neither vehicle required a tow but AAA did respond to change the tire on vehicle 1. Neither operator reported any 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 IAROSSI

NEWTON POLICE DEPT.

07/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date