

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/29/2019	Time of Crash 10:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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 _____			NORTH 755 DEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000778	
License # _____ St MA DOB/Age _____			Reg # 8WE794			Reg Type PAN			Reg State MA	
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2016			Veh Make NISSAN			Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20	
Operator MIOZZOTTI MEDINA Last First Middle			Owner (Same as operator)							
Address 20 WORCESTER STREET (apt. B)			Address _____							
City BOSTON State MA Zip 02188			City _____ State _____ Zip _____							
Insurance Company GOVERNEMENT EMPLOYEE INS			Vehicle Action Prior to Crash <input type="checkbox"/> 8 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23			1 9			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 19 <input type="checkbox"/> 24 <input type="checkbox"/> 97 <input type="checkbox"/> 24			8			6	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
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				
Operator See Above			-----			1 4 99 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____			Reg # 92ZL21			Reg Type PAN			Reg State MA	
Sex M Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2004			Veh Make TOYOTA			Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20	
Operator CHESEBRIO CHRSTINE Last First Middle			Owner (Same as operator)							
Address 819 COMMONWEALTH AVENUE			Address _____							
City NEWTON State MA Zip 02459			City _____ State _____ Zip _____							
Insurance Company USAA			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			1 23			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23			1 9			5 11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N							
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				
Operator/Non-Motorist See Above			-----			1 4 99 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 Motor Vehicle #1 stated that she was traveling Northbound in the left lane on Dedham Street getting ready to turn left onto Nahanton Street when the car next to her all of a sudden took a left crossing over the double yellow line in an attempt to turn around.

Operator of motor Vehicle # 2 stated that she was travelling Westbound on Brookline Street in Newton and wanted to take a left onto Dedham Street however due to the traffic detour she was forced to take a right onto Dedham Street (Northbound). Operator Motor Vehicle # 2 stated that she attempted to take a left turn into a driveway so she could turn around and thought she could make a U Turn instead. Operator of Motor Vehicle #2 stated that she took the left and did not see the vehicle that was in the left lane next to her and struck vehicle # 2.

(Continued on next page)

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

ZOI H LAZARAKIS NEWTON POLICE DEPTA 07/29/2019

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

CDP1 11 -24:00

Crash Narrative:

Motor Vehicle #2 sustained moderate drivers side, side damage, and motor vheicle #1 sustained moderate front end damage. Both parties reported no injuries and signed medical refusal forms.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

ZOI H LAZARAKIS			NEWTON POLICE DEPARTM		07/29/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					