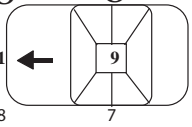
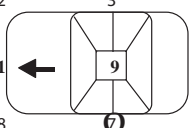


Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 08/01/2019	Time of Crash 11:48 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>				9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 355 NEWTONVILLE AVE 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 _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								11	
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000790		4	
License # _____ St MA DOB/Age _____			Reg # 6EBD90			Reg Type PAN			Reg State MA			
Sex F Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 9 <input type="checkbox"/> 19 CDL _____			Veh Year 2010			Veh Make TOYOTA			Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20			
Operator JAUREGUI MARIA Last First Middle			Owner (Same as operator) Last First Middle								12	
Address 6 FAIRWAY DR			Address _____									
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____									
Insurance Company VERMONT MUTUAL			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? _____			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22						10 Undercarriage 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed Y									
Please fill out for operator and all occupants involved											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants											14	
<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14											15	
Action <input type="checkbox"/> 14											16	
Location <input type="checkbox"/> 14											17	
Condition <input type="checkbox"/> 14											18	
<input type="checkbox"/> Hit/Run											19	
<input type="checkbox"/> Moped											20	
License # _____ St _____ DOB/Age _____											21	
Reg # 417MX0											22	
Reg Type PAN											23	
Reg State MA											24	
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____											25	
Veh Year 2008											26	
Veh Make HONDA											27	
Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20											28	
Operator _____ Last First Middle											29	
Owner THANG XUADAO NGOC Last First Middle											30	
Address 83 COLUMBIA ST											31	
City QUINCY State MA Zip 02169											32	
Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21											33	
Damaged Area Code: (Circle Up to Three)											34	
Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22											35	
											36	
Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23											37	
Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24											38	
Underride/Override <input type="checkbox"/> 25 Towed N											39	
Please fill out for operator and all occupants involved											40	
Name (Last First Middle)			Address			Age/DOB			Sex			41
Operator/Non-Motorist			See Above			-----			---			42
												43
												44
												45
												46

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

HARVARD ST

NEWTONVILLE AVE

#355 NEWTONVILLE AVE

Unit 2

Unit 1

Unit 1

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 #1 STATED SHE WAS TRAVELLING E/B ON NEWTONVILLE AVE APPROACHING THE INTERSECTION OF HARVARD ST WHEN ANOTHER VEHICLE COMING W/B ON NEWTONVILLE AVE FORCED HER TO HER RIGHT WHICH CAUSING HER TO SIDE SWIPE A PARKED VEHICLE. SHE FURTHER REPORTED IF SHE DIDN'T MOVE OVER TO HER RIGHT SHE WOULD HAVE WENT HEAD ON INTO THE ONCOMING VEHICLE.

OWNER OF VEHICLE #2 (PARKED CAR) WAS WORKING NEARBY WAS ON SCENE ON MY ARRIVAL. THEY BOTH HAD ALREADY EXCHANGED INFO AND HAD TAKEN PICTURES OF DAMAGE PRIOR TO POLICE ARRIVAL TO SCENE.

DRIVER OF VEHICLE #1 REPORTED NO INJURIES AND HAD A PRIVATE COMPANY TOW HER CAR TO DIRECT TIRE DUE TO HER HITTING A CURB AFTER HITTING VEHICLE #2.

NEWTONVILLE AVE ALLOWS PARKING ON THE EAST SIDE OF THE STREET. VEHICLES DRIVING E/B HAVE TO TRAVEL HALFWAY

(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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

08/01/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

