

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/07/2019		Time of Crash 15:56 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 30 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				SOUTH 811 DEDHAM ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet N S E W of _____ ____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	2
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000814							
License # _____ St MA DOB/Age _____ Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____ Operator VAL VINOU Last First Middle Address 121 COCASSET ST City FOXBORO State MA Zip 02035 Insurance Company LM GENERAL				Reg # 639TN4 Reg Type PAN Reg State MA Veh Year 2007 Veh Make MERCEDES Veh Config. 1 20 Owner DADLYNE JEAN Last First Middle Address 5 UPLAND WOODS CIR City NORWOOD State MA Zip _____ Vehicle Action Prior to Crash 2 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled								12	1
Vehicle Travel Direction: N X E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____													
Please fill out for operator and all occupants involved												13	1
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													
SPENCER, MARKISHA 5 UPLAND WOODS CIR NORWOOD, MA													
Please Select One of the Following:		<input checked="" type="checkbox"/> Vehicle 2 3 #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 _____ Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FERNANDEZ CLAUDIA Last First Middle Address 121 BELMONT ST (apt. 1) City BELMONT State MA Zip 02478 Insurance Company METROPOLITAN PROP				Reg # 7HP197 Reg Type PAN Reg State MA Veh Year 2014 Veh Make LEXUS Veh Config. 1 20 Owner FERNANDEZ WALTER Last First Middle Address 121 (apt. 1) BELMONT ST City BELMONT State MA Zip 02478 Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled								13	1
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Operator/Non-Motorist See Above													
TROJANOWSKI, SOFIA NEWTON, MA													
TROJANOWSKI, LUCAS NEWTON, MA													

→ 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:

Vehicle 1 was travelling southbound on Dedham St. Vehicle 2 was travelling directly behind vehicle 1 on Dedham St. The operator of vehicle 1 attempted to slow down, and vehicle 2 crashed into the rear of vehicle 1. I observed moderate damage to the rear of vehicle 1, and minor damage to the front center of vehicle 2. The passenger of vehicle 1 reported head pain, and was evaluated by Newton medic1. They cleared with a patient refusal. No one else was injured.

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

TIMOTHY ROCHE **NEWTON POLICE DEPT** **08/07/2019**

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

CDP1 11 -24:00