

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																	
Date of Crash 08/14/2019	Time of Crash 07:54 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 1	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:																	
EAST JACKSON RD Route# Direction Name of Roadway/Street At NORTH PEARL ST Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ or _____ Mile Marker Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark																					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000833															
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FAVA GIOVANNI Address 11 PROSPECT TERRACE City NEWTON State MA Zip 02460 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: N S <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # 4VJ796 Reg Type PAN Reg State MA Veh Year 2006 Veh Make TOYOTA Veh Config. 2 20 Owner LAMON-FAVA STEFANIA Address 11 PROSPECT TERRACE City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled																					
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		3		1		0		2		9		2		NEWTON WELLESLEY H	
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 MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator LEONELLI SALVATORE Address 20 HOWARD STREET (apt. 2) City WALTHAM State MA Zip 02451 Insurance Company COMMERCE INSURANCE Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? _____ Citation # (If Issued) T2015441 Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Reg # T70202 Reg Type CON Reg State MA Veh Year 2016 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 4 Most Harmful Event 1 23 Driver Contributing Code 3 24 13 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled																					
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Operator/Non-Motorist			See Above		-----		---		1		4		99		0		0		10		1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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 he was traveling Eastbound on Jackson Road and preceded straight through the green light at the intersection of Jackson Road and Pearl Street and was struck by motor vehicle #2 that ran the red light.

Operator of Motor Vehicle #2 stated that he was traveling Northbound on Pearl Street and the glare of the sun was in his eyes and did not see the red light until it was too late and struck motor vehicle #1 which caused it to roll over. Operator of motor vehicle #2 stated that he helped to operator of motor vehicle #1 get out of the car and stated that he had a few scratches on his knee.

Motor vehicle #1 sustained major damage throughout the entire vehicle. Operator of Motor vehicle #1 sustained minor injuries and was transported to Newton Wellesley Hospital. Motor vehicle #2 sustained moderate front

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
GRAF, KURT, R	18 THORNTON STREET NEWTON, MA 02458	-----	Y

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

ZOI H LAZARAKIS **NEWTON POLICE DEPARTMENT** **08/14/2019**

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

CDP1 11 -24:00

