

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/15/2019	Time of Crash 18:20 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 117 ELM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 3				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000838		
License # --- St MA DOB/Age ---			Reg # 346RV7 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2016 Veh Make HONDA Veh Config. 1 20		
Operator MARZILLI FRANCA Last First Middle			Owner (Same as operator) Last First Middle			Address 10 CHASE AVE			Address		
City NEWTON State MA Zip 02465			City State Zip			Insurance Company QUINCY MUTUAL FIRE			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 1 22 22 22 22 2			Citation # (If Issued)			Most Harmful Event 1 23		
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above			1 13		
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 ---			Reg # RT32ZA Reg Type PAS Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2019 Veh Make VOLVO Veh Config. 2 20		
Operator SHOYER JAN Last First Middle			Owner (Same as operator) Last First Middle			Address 4 IONA ST.			Address		
City NEWTON State MA Zip 02466			City State Zip			Insurance Company QUINCY MUTUAL FIRE			Vehicle Action Prior to Crash 8 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 1 22 22 22 22 2			Citation # (If Issued) T1442617			Most Harmful Event 1 23		
Violation 1: Ch 89/8 Sec Violation 2: Ch Sec			Driver Contributing Code 6 24 24			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator/Non-Motorist See Above			1 13		

→ 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 MV1 states she was backing out of the parking lot behind the Village Bank when MV2 struck MV1's left rear fender due MV2 performing a U-Turn from the southbound side of Elm St to the northbound side of Elm St. MV1 sustained minor damage to the left rear fender.

Operator of MV2 states she was traveling southbound on Elm St when she performed a U-Turn in front of 117 Elm St and struck MV1. MV2 sustained minor damage to the front right fender.

Witness, Christopher Bryan, states he was in the parking lot behind the Village Bank when he observed MV2 perform a U-Turn, which struck MV1 in the left rear fender.

I issued the operator of MV2 in hand Massachusetts Uniform Citation #T1442617 for the following:

Ch. 89 Sec. 8 Fail to Yield/Making U-Turn while interrupting traffic

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
BRYAN, CHRISTOPHER, M	67 TOLMAN ST NEWTON, MA 02465	-----	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

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 F KEEFE **NEWTON POLICE DEPT** **08/15/2019**

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

CDP1 11 -24-00

♀ Pedestrian

[illegible]

Name (Last, First, Middle)	Address	Phone #	Statement

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

42

CDP1 11 -24:00