

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/20/2019	Time of Crash 11:39 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			NORTH 600 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of BELLEVUE ST Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000853			
License # --- St MA DOB/Age ---			Reg # 9AC789		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2018		Veh Make HONDA		Veh Config. 1 20			
Operator ORNSTEIN MIRIAM Last First Middle			Owner (Same as operator)		First Middle					
Address 53 DARTMOUTH ST			Address		First Middle					
City BELMONT State MA Zip 02478			City		State Zip					
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 2 22 22 22 22		2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued)			Most Harmful Event 2 23		1 24 24					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24		Underride/Override 25 Towed N					
Violation 3: Ch Sec Violation 4: Ch Sec										
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		NONE			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 # 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 DOB/Age ---			Reg # 985CJ5		Reg Type PAN		Reg State MA			
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2019		Veh Make FORD		Veh Config. 2 20			
Operator --- Last First Middle			Owner UTANO NICHOLAS Last First Middle		Address 88 ANDREWS RD					
City --- State --- Zip ---			City MARLBOROUGH		State MA Zip 01752					
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 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 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled					
Citation # (If Issued)			Most Harmful Event 1 23		97 24 24					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 97 24 24		Underride/Override 25 Towed N					
Violation 3: Ch Sec Violation 4: Ch Sec										
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			-----		-----					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

600 CENTRE ST

CENTRE ST

BELLEVUE ST

Indicate North by Arrow

Crash Narrative:

OPERATOR #1 STATED SHE WAS TRAVELLING N/B ON CENTRE ST WHEN VEHICLE #2 WHICH WAS PARKED ON CENTRE ST, OPENED THE DRIVERS SIDE DOOR STRIKING HER VEHICLE'S PASSENGER SIDE MIRROR.

OWNER OF VEHICLE #2 STATED HE PARKED HIS TRUCK(FORD F250) N/B ON CENTRE ST NEAR BELLEVUE ST WHILE HE WAS WORKING (LANDSCAPING) .

HE OPENED HIS DRIVERS SIDE DOOR AND HIS DOOR STRUCK VEHICLE #1'S MIRROR AS IT PASSED HIS TRUCK N/B. THERE WERE NO INJURIES DUE TO THIS ACCIDENT AND NEITHER VEHICLE WAS TOWED.

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 DEPT

08/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date