

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 08/20/2019	Time of Crash 14:14 24HR	City/Town NEWTON	Number Vehicles 1	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			EAST 16 WINTER 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 Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000855		
License # --- St MA DOB/Age ---			Reg # 6FM437 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2017 Veh Make SUBARU Veh Config. 1 20								
Operator AGRANOVICH ANNA Last First Middle			Owner SKIN CARE ALEF Last First Middle								
Address 248 ELIOT ST			Address 1009 CHESTNUT ST								
City NEWTON State MA Zip 02464			City NEWTON State MA Zip 02465								
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 8 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 8 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 18 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			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					
Please Select One of the Following:			<input type="checkbox"/> Vehicle # 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 # Reg Type Reg State								
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20								
Operator Last First Middle			Owner Last First Middle								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)					
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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 →

Crash Diagram:

WINTER ST #16

MV#1

← N →

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:

OPER OF MV#1, STATED THAT SHE GOT INTO HER VEHICLE AND PROCEEDED TO DRIVE FORWARD (EB) ON WINTER ST, WHEN SHE DROVE INTO A METAL, DIGGING, CONSTRUCTION BUCKET. THE BUCKET WAS LOCATED ON THE STREET IN FRONT OF HER VEHICLE PRIOR TO THE ACCIDENT. THE BUCKET WAS NOT MARKED WITH CONES, AND THE OPERATOR (MV#1) STATED THAT THE BUCKET WAS NOT VISIBLE FROM HER DRIVER SEAT.

MV#1 SUSTAINED MINOR DAMAGE TO THE FRONT LEFT BUMPER/LIGHT AREA.

THE CONSTRUCTION BUCKET WAS NOT DAMAGED.

Witnesses:

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

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
KISSEDERTH, BROGAN,	10 JEAN AVE CHELMSFORD, MASSACHUSETTS 01824	9782562117	97	METAL CONSTRUCTION DIGGING BUCKET

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

RICHARD F BENES

NEWTON POLICE DEPT

08/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date