

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/21/2019	Time of Crash 17:48 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
CRAFTS ST										
Route# _____ Direction _____ Name of Roadway/Street _____ At _____					Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____					
WATERTOWN ST					_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____					_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____					
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____					Landmark _____					
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000862				
License # _____ St <u>MA</u> DOB/Age _____ Reg # <u>4VV716</u> Reg Type <u>PAN</u> Reg State <u>MA</u>										
Sex <u>M</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Veh Year <u>2003</u> Veh Make <u>HOND</u> Veh Config. <u>1</u> <u>20</u>										
Operator <u>DINKOV</u> <u>VALENTIN</u> Endorsment _____ Owner <u>(Same as operator)</u>										
Address <u>31 POND STREET</u>					Address _____					
City <u>WALTHAM</u> State <u>MA</u> Zip <u>02452</u>					City _____ State _____ Zip _____					
Insurance Company <u>COMMERCE INS</u>					Vehicle Action Prior to Crash <u>1</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>Y</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
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										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants <input type="checkbox"/> Non-Motorist A Type <u>14</u> Action <u>15</u> Location <u>16</u> Condition <u>17</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St <u>MA</u> DOB/Age _____ Reg # <u>463PB5</u> Reg Type <u>PAN</u> Reg State <u>MA</u>										
Sex <u>F</u> Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ Veh Year <u>2011</u> Veh Make <u>TOYT</u> Veh Config. <u>1</u> <u>20</u>										
Operator <u>BRIGUGLIO</u> <u>BETHANY</u> Endorsment _____ Owner <u>(Same as operator)</u>										
Address <u>26 FORREST ST</u>					Address _____					
City <u>WINTHROP</u> State <u>MA</u> Zip <u>02152</u>					City _____ State _____ Zip _____					
Insurance Company <u>GOVT EMPLOYEE INS</u>					Vehicle Action Prior to Crash <u>4</u> <u>21</u> Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____					Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> <u>2</u> <u>3</u> <u>4</u>					
Citation # (If Issued) _____					Most Harmful Event <u>1</u> <u>23</u> <u>9</u> <u>10</u> Undercarriage <u>5</u> <u>11</u> Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> <u>25</u> Towed <u>N</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override _____					
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										

→ 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:

Opr of V2 stated she was attempting to take a left hand turn from Craft Street to Watertown Street. The uninvolved vehicle coming from the opposite direction was also attempting to make a left hand turn. Opr of V2 stated she waited for the vehicle to turn so she could too. At this time, V2 was in the process of taking the turn, saw V1 drive around the uninvolved vehicle, and made contact with V2.

Opr of V1 stated he was traveling straight. He saw the vehicle in front of him was turning left. At this time, he drove around the uninvolved vehicle and made contact with V2.

There were no injuries. V1 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

DANIEL ANDERSON	32456	NEWTON POLICE DEPART	08/21/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date