

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/22/2019	Time of Crash 16:08 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:						
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH 249 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____											
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____											
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000865		
License # _____ St FL DOB/Age _____			Reg # 1FGJ63			Reg Type PAN			Reg State MA		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2020			Veh Make HYUN			Veh Config. 1 20		
Operator SIMPO GLENN Last First Middle			Owner ADVANTAGE VEHIC Last First Middle								
Address 573 VALBON ST			Address 2003 MCCOY RD								
City ORANGE PARK State FL Zip 32073			City ORLANDO State FL Zip 32809								
Insurance Company PHILADELPHIA IDEM			Vehicle Action Prior to Crash 1 21			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 1 22 22 22 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 2 3 4 5 6 7 8 9 10 11			Totalled		
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		26 Seat Pos.		27 Safety System	
Operator		See Above		-----		---		99		4	
SIMPO, CHRISTINA		573 VALBON ST ORANGE PARK, FL 32073		-----		F		3		99	
SIMPO, HELEN		573 VALBON ST ORANGE PARK, FL 32073		-----		F		6		4	
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 # 479518			Reg Type PAN			Reg State MA		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2013			Veh Make FORD			Veh Config. 2 20		
Operator MARCHITELLI MARIETTA A Last First Middle			Owner (Same as operator) Last First Middle								
Address 100 WAVERLY AVE			Address _____								
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 4 21			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 1 22 22 22 22			1 2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event 1 23			1 2 3 4 5 6 7 8 9 10 11			Totalled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 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	
Operator/Non-Motorist		See Above		-----		---		99		4	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ☺ Pedestrian

ie: → 1 → 2 → ☺

Crash Diagram:

Centre St Carleton St

Unit 2 Unit 1

249 CENTRE ST

NOT TO SCALE

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:

On Thursday 8/22/2019 at approx 1608hrs, while assigned to N-494, I responded to 249 Centre St in Newton for a 2 car MVA.

Operator of MV1 states he was travelling straight on Centre St SB when MV2, entered his lane of traffic and struck the driver side of his vehicle.

Operator of MV2 states that she was taking a left onto Centre St from the Sunoco gas station heading SB. She states that before entering traffic she saw no cars in the SB lane closest to her. She also states the operator of MV1 was distracted while talking to his wife.

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

KEVIN DURICKAS NEWTON POLICE DEPTA 08/22/2019

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

CDP1 11 24:00