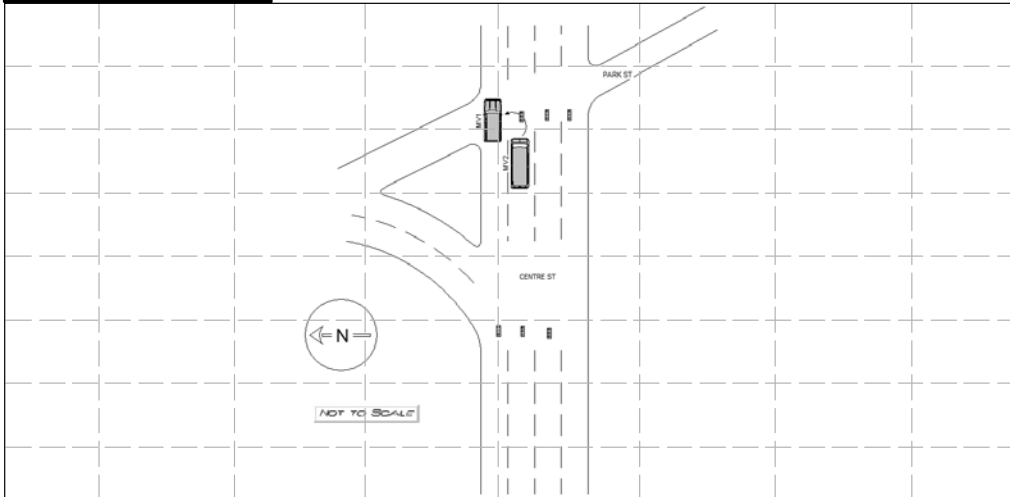


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/28/2019	Time of Crash 05:48 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			30 EAST 29 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ 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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000879	
License # _____ St MA DOB/Age _____			Reg # 50774 Reg Type PAN Reg State MA			Veh Year 2000 Veh Make HONDA Veh Config. 2				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2000 Veh Make HONDA Veh Config. 2			Operator BRESNICK ANNE			Owner (Same as operator)	
Address 5 OVERLOOK DR			City E FRAMINGHAM State MA Zip 01701			Insurance Company LIBERTY MUTUAL INS			Vehicle Action Prior to Crash 1 21	
Vehicle Travel Direction: [N S X W] Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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			NONE	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # M57419 Reg Type CON Reg State MA			Veh Year 2018 Veh Make CHEVY Veh Config. 2				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make CHEVY Veh Config. 2			Operator CHAUVIN JOSEPH			Owner EAST SPRINKLER FI	
Address 182 WHEELLOCK AVE			City MILLBURY State MA Zip 01527			Insurance Company SELECTIVE INS			Vehicle Action Prior to Crash 4 21	
Vehicle Travel Direction: [X S E W] Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23			Driver Contributing Code 6 24 24	
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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/Non-Motorist See Above			NONE	
PALMIERI, SCOTT			12E RAILROAD CT S GRAFTON, MA 01560			M 1 99 4 99 0 0 10 1			NONE	

→ 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:**

MV1 operator states she was driving in the left lane going eastbound on Centre St heading towards Charles Banks Rd when MV2 hit her car on the right side. MV1 operator reported general pain and shock from accident. Medics responded and a refusal was signed.

MV2 operator states he was driving eastbound on Centre St when he missed his left turn to go over the bridge heading towards Watertown. He then attempted to make an illegal left turn at the next set of lights but did not see MV1 in left lane. MV2 then hit MV1. Damage was observed on front left of MV2.

I then cleared without further incident.

**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

JAMES M CROWE

NEWTON POLICE DEPART

08/28/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date