

Police Use Only						Commonwealth of Massachusetts								RMV Document Number			
Date of Crash 08/30/2019		Time of Crash 17:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report				Number Vehicles 3		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:									
<div>Route# Direction Name of Roadway/Street At</div> <div>Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>						<div>WEST 230 NEEDHAM ST</div> <div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker or Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>											
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000898							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator WEISS PETER A Address 300 2ND AVENUE (apt. 2176) City NEEDHAM State MA Zip 02494 Insurance Company COMMERCE						Reg # PLJ Reg Type PAS Reg State MA Veh Year 2018 Veh Make BMW Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)											
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N											
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 ----- - - - 1 4 99 0 0 10 1											
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator SUBILOSKY JOHN RICHARD Address 6 N PLEASNT STREET City NATICK State MA Zip 01760 Insurance Company SELECTIVE						Reg # T58930 Reg Type CON Reg State MA Veh Year 2011 Veh Make GMC Veh Config. 2 20 Owner LPS ENTERPRISES Address 128 BRALEY ROAD City E FREEPORT State MA Zip 02717											
Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) N/A Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)											
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 ----- - - - 99 4 99 0 0 10 1 N/A											

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			Landmark _____							
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License # _____ St _____ DOB/Age _____			Reg # C98747			Reg Type TRN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2010			Veh Make HUDS			Veh Config. 8 20	
Operator _____ Last _____ First _____ Middle _____			Owner LPS ENTERPRISES			Last _____ First _____ Middle _____				
Address _____			Address 128 BRALEY ROAD			Last _____ First _____ Middle _____				
City _____ State _____ Zip _____			City FREEPORT			State MA			Zip 02717	
Insurance Company SELECTIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: [N S E W] Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
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							
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 20	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____ Last _____ First _____ Middle _____			Owner _____			Last _____ First _____ Middle _____				
Address _____			Address _____			Last _____ First _____ Middle _____				
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							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Verizon

Needham St

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 stated he was travelling westbound on Needham St and was attempting to turn left into the Verizon store when MV2 who was behind him passed him subsequently side swiping him. MV1 further stated that the operator "made eye contact with me after the crash but kept going.

MV1 took a photo of MV2's trailer (MA REG C98747). I left a VM with the owner of MV2 requesting a call back.

MV1 sustained minor passenger side damage. It is unknown what damage was caused to MV2 and whether it would be to the truck or the trailer.

Traffic Bureau update (Officer Gaudet): On September 4, 2019, I made contact with the owner of LPS

(Continued on next page)

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

GREGORY P HELMS

NEWTON POLICE DEPART

08/30/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

