

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/04/2019	Time of Crash 15:18 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	Speed Limit <u>25</u> 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:				9
Route# Direction Name of Roadway/Street At			EAST 56 ROOSEVELT RD Route# Direction Address # Name of Roadway/Street				2				
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 _____ • _____ or _____ Mile Marker Exit Number				10				
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street				11				
Route# Direction Name of Intersecting Roadway/Street			Landmark				6				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001010		
License # --- St MA DOB/Age ---			Reg # 961DH6 Reg Type PAN Reg State MA			Veh Year 2015 Veh Make HONDA Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner FLESSAS JOHN			Address 32 WOODBINE TER			12		
Operator FLESSAS ISABEL			City NEWTON State MA Zip 02466			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 32 WOODBINE TERR			Insurance Company SAFETY			Event Sequence 1 22 22 22 22			10 Undercarriage		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) _____			Most Harmful Event 1 23			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y		
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			13		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 4 #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 # 6SK664 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make HONDA Veh Config. 1 20					
Sex F Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____			Owner MCLEOD JAMIE			Address 153 CYPRESS ST					
Operator MCLEOD LOTTIE			City NEWTON State MA Zip 02459			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Address 153 CYPRESS ST			Insurance Company COMMERCE			Event Sequence 20 22 1 22 22			10 Undercarriage		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Citation # (If Issued) T2015492			Most Harmful Event 1 23			5 11 Totaled		
Violation 1: Ch 89/4A Sec _____ Violation 2: Ch 90/8 Sec _____			Violation 3: Ch 90/17/A Sec _____ Violation 4: Ch _____ Sec _____			Driver Contributing Code 7 24 19 24			Underride/Override 25 Towed Y		
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					
KHAN, VIVECA			89 EERIE AVE NEWTON, MA 02459			F 3 99 3 99 0 0 10 1			NEWTON WELLESLEY H		
MARCEAU, LUKA			120 COLLINS RD NEWTON, MA 02468			F 6 99 3 99 0 0 10 1					
SYZMANSKI, ELLA			20 GODDARD ST NEWTON, MA 02459			F 4 99 3 99 0 0 8 2					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

66 Roosevelt Rd

Roosevelt Rd

Unit 1

Unit 2

P.O.I.

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

N

Crash Narrative:

Operator 1 of vehicle 1 was traveling w/b on Roosevelt Rd when Vehicle 2 hit the curb and collided with her vehicle. Major damage to vehicle 1 and was towed by todys towing. No injuries to Operator 1.

Vehicle 2 was traveling at a high rate of speed e/b on Roosevelt rd when she hit the curb and collided with vehicle 2 head on. Vehicle 2 was on the wrong side of road during the collision. Operator 2 was not injured.

Passenger 1 and 2 was not injured and medical refusals were obtained through their parents. Passenger 3 was injured and taken to the NWH with minor injuries. Vehicle 2 had major damage and was towed by todys towing.

Operator 2 was issued MA citation T2015492 for c89s4A Marked Lanes, c90s8 Passenger Restriction (JOL) and c90s17 for Speed.

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

ROBERT A MARCH

NEWTON POLICE DEPART

10/04/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date