

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/12/2019	Time of Crash 11:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 25 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:					
BORDER ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street							
At			Feet N S E W of _____ • _____ or _____							
EAST WEBSTER ST			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____							
Also at Intersection with			Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001036			
License # --- St MA DOB/Age ---			Reg # 1RTM71		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2011		Veh Make SUBA		Veh Config. 1 20			
Operator BYERS CHRISTOPHER			Owner (Same as operator)							
Address 124 ROWE ST			Address _____							
City NEWTON State MA Zip 02466			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4							
Citation # (If Issued) _____			Most Harmful Event 1 23 10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24 5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y 6							
Please fill out for operator and all occupants involved			13							
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			1							
Operator See Above			1 3 4 0 0 10 1							
RUDOLPH, KATHRYN, M 124 ROWE ST NEWTON, MA 02466			F 3 1 4 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 3 #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 # EV895T		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018		Veh Make TESLA		Veh Config. 1 20			
Operator GANGAT GEETI			Owner (Same as operator)							
Address 25 ANNAWAN RD			Address _____							
City NEWTON State MA Zip 02468			City _____ State _____ Zip _____							
Insurance Company LM GENERAL			Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2 3 4							
Citation # (If Issued) _____			Most Harmful Event 1 23 10 Undercarriage							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 24 5 11 Totaled							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y 6							
Please fill out for operator and all occupants involved			13							
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			1							
Operator/Non-Motorist See Above			1 3 4 0 0 8 2 NWH							
BATRA, TANASHYA 25 ANNAWAN RD NEWTON, MA 02468			F 3 3 3 4 0 0 10 1							
GANGAL, ROHIN 25 ANNAWAN RD NEWTON, MA 02468			M 4 4 3 4 0 0 10 1							

→ 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:

Operator of vehicle 1 states he was traveling eastbound on Webster St when vehicle 2 pulled out of Border St in front of him. Operator of vehicle 1 tried to swerve to avoid a collision but was unable to.

Operator of vehicle 2 stated she was pulling out of Border St to take a left onto Webster St when she was struck on the drivers side by vehicle 1.

All operators and passengers were checked by the medics. Only the operator of vehicle 2 went to Newton Wellesley Hospital with Cataldo Medics. Both vehicles were towed by Todys.

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

MICHAEL ANTHONY IAROSSO

NEWTON POLICE DEPART

10/12/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date