

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/17/2019	Time of Crash 10:32 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: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29SOUTH 56 WINCHESTER ST</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>11Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>3Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001062			
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator JENCUNAS PATRICK J Address 60 CHARLES ST City NATICK State MA Zip 01760 Insurance Company ALLSTATE			Reg # 842GZ3 Reg Type PAN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 ② ③ 4 Most Harmful Event 1 23 ① 9 10 Undercarriage Driver Contributing Code 1 24 24 5 11 Totaled Underride/Override 25 Towed Y 8 7 6							
Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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			----- --- 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St MA DOB/Age --- Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____ Operator BUTLER ANTHONY D Address 80 SCOFIELD AVE City BRIDGEPORT State CT Zip 06605 Insurance Company PEOPLE'S UNITED			Reg # 0309233 Reg Type APP Reg State CT Veh Year 2016 Veh Make INTL Veh Config. 6 20 Owner J&K IDEALEASE Address 67 MAIN ST City SOUTHURY State CT Zip 06604 Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 3 ④ Most Harmful Event 1 23 1 9 10 Undercarriage Driver Contributing Code 12 24 24 5 11 Totaled Underride/Override 25 Towed N 8 7 6							
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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			----- --- 1 4 3 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

Winchester St

Unit 1

Unit 2

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 1 states he was stopped on Winchester St facing Southbound, waiting to make a left into 56 Winchester St. Vehicle 2 was a large box truck exiting 56 Winchester St attempting to make a right onto Winchester St. Vehicle did not have enough room to make the turn, crossed to the opposite lane, striking vehicle 1 on the passenger side, and then drove over the curb.

Operator 2 states he was pulling out of 56 Winchester onto Winchester St. Vehicle 1 was stopped in the wrong lane and operator 2 had no choice but to go into the opposite lane where he struck vehicle 1 with the rear of his truck.

There were no injuries. Vehicle 1 sustained major damage and was towed by Tody's. Vehicle 2 sustained minor damage and was not towed

(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

Crash Narrative:

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

FRANCIS P SCALTRETO			NEWTON POLICE DEPARTA		10/18/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					