Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
10/19/2019	19:57	NEWTON
	24HR	

Number Vehicles: 2
Number Injured: 0
Speed Limit **30**
Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Other: _____

LOCATION
AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 4

Route# ___ Direction ___ Name of Roadway/Street ___
At ___
Route# ___ Direction ___ Name of Intersecting Roadway/Street ___
Also at Intersection with ___

2 1
Route# ___ Direction ___ Name of Intersecting Roadway/Street ___

2 9
SOUTH — **CENTRE STREET**
Route# ___ Direction ___ Address # ___ Name of Roadway/Street ___

2 10
_____ Feet [N S E W] of ___ — ___ • ___ or ___
Mile Marker — Exit Number

50 FEET Feet [N **X** E W] of **CHURCH**
Route# ___ Intersecting Roadway/Street ___

2 11
_____ Feet [N S E W] of ___
Landmark

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3 [X] Vehicle 1 **1** #Occupants ☐ Hit/Run ☐ Moped
Case Number **1900001069**

4 3
License # **---** St **MA** DOB/Age **-- --- ---**
Sex **M** Lic. Class **D** [18] [18] Lic. Restrictions [1] **19** CDL ___ Endorsment
Operator **ORMENI** (Last) **VALMIR** (First) ___ (Middle)
Address **233 EAST STREET (apt. 1)**
City **DEDHAM** State **MA** Zip **02026**
Insurance Company **TRAVELERS**

Reg # **T69269** Reg Type **CON** Reg State **MA**
Veh Year **2018** Veh Make **SUBA** Veh Config. [1] **20**
Owner **D L PETERSON TRUS** (Last) (First) (Middle)
Address **940 RIDGEBROOK ROAD**
City **SPARKS** State **MD** Zip **21152**

5 1
Vehicle Travel Direction: [N **X** E W] Responding to Emergency? **N**
Citation # (If Issued) ___
Violation 1: Ch___ Sec___ Violation 2: Ch___ Sec___

6 1
Violation 3: Ch___ Sec___ Violation 4: Ch___ Sec___

Vehicle Action Prior to Crash [1] **21**
Event Sequence [1] **22** [ ] **22** [ ] **22** [ ] **22**
Most Harmful Event [1] **23**
Driver Contributing Code [1] **24** [ ] **24**
Underride/Override [ ] **25** Towed **N**

Damaged Area Code: (Circle Up to Three)
2 3 4
1 ← 9 5 — 10 Undercarriage — 11 Totaled
8 7 6

1 12

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	--------	---	99	4	4	0	0	10	1		

1 13

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7 1
Please Select One of the Following: [X] Vehicle 2 **1** #Occupants ☐ Non-Motorist A — Type [ ] **14** Action [ ] **15** Location [ ] **16** Condition [ ] **17** ☐ Hit/Run ☐ Moped

8 2
License # **---** St **MA** DOB/Age **-- --- ---**
Sex **M** Lic. Class **D** [18] [18] Lic. Restrictions [1] **19** CDL ___ Endorsment
Operator **AYAZ** (Last) **SAAD** (First) ___ (Middle)
Address **416 WESTERN AVE**
City **BRIGHTON** State **MA** Zip **02135**
Insurance Company **GOVERNMENT EMPLOYEE**

Reg # **6XA143** Reg Type **PAN** Reg State **MA**
Veh Year **2012** Veh Make **FORD** Veh Config. [1] **20**
Owner **(Same as operator)** (Last) (First) (Middle)
Address ___
City ___ State ___ Zip ___

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___

Vehicle Action Prior to Crash [1] **21**
Event Sequence [1] **22** [ ] **22** [ ] **22** [ ] **22**
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Driver Contributing Code [19] **24** [ ] **24**
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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	--------	---	99	4	4	0	0	10	1		

Crash Diagram:

→ Direction   1 = Vehicle 1   2 = Vehicle 2   Pedestrian

ie: → 1   → 2   → Pedestrian

CENTRE STREET

CHURCH STREET

Unit 1

Unit 2

Eaton Mac Kay Funeral Home Parking Lot

NOT TO SCALE

N

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:

The operator of vehicle 1 stated he was traveling Southbound on Centre Street just before Church Street when vehicle 2 struck him on his rear drivers side. This caused minor damage to vehicle 1.

The operator of vehicle 2 stated he was traveling South on Centre Street just before Church Street when vehicle 2 shot out in front of him from the right side, he was unable to stop in time and crashed into vehicle 1. This caused major damage to vehicle 2's front passenger side. He then drove up the road and pulled over just after Bennington St.

Both parties involved stated they did not sustain any injuries.

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]

THOMAS BANNON   NEWTON POLICE DEPARTM   **10/19/2019**

Police Officer Name (Please Print)   Signature   ID/Badge #   Department   Precinct/Barracks   Date

CDP1 11 ·24·00