

Police Use Only			Commonwealth of Massachusetts				RMV Document Number																
Date of Crash 10/24/2019		Time of Crash 08:30 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: <input type="checkbox"/>											
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:																	
<div>WEST CHURCH ST</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>NORTH CENTRE ST</div> <div>Route# Direction Name of Intersecting Roadway/Street</div> <div>Also at Intersection with</div> <div>Route# Direction Name of Intersecting Roadway/Street</div>				<div>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Landmark</div>																			
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001091															
License # --- St MA DOB/Age ---				Reg # 105925 Reg Type SPN Reg State MA																			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make KIA Veh Config. 2 20																			
Operator PETERS MAUREEN				Owner VAN POOL TRANSP																			
Address 82 ENGLAND RD				Address BX1000																			
City N. ATTLEBORO State MA Zip 02760				City WILBRAHAM State MA Zip 01095																			
Insurance Company PILGRIM				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				<div>10 Undercarriage</div> <div>5 11 Totaled</div>															
Citation # (If Issued) _____				Most Harmful Event 1 23																			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24																			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y																			
Please fill out for operator and all occupants involved												13											
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	4	0	0	10	1	NONE								
MILOJKOVIC, ZORA		56 MT. VERNON ST. DEDHAM, MA 02026		-----		F	3	1	4	4	0	0	10	1	NONE								
GIGLIO, CASSANDRA		4 LINCOLN SHINE DR. CANTON, MA 02021		-----		F	6	1	4	4	0	0	10	1	NONE								
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 ---				Reg # 1CME93 Reg Type PAN Reg State MA																			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2014 Veh Make HONDA Veh Config. 1 20																			
Operator SINCLAIR HAMUDY				Owner (Same as operator)																			
Address 242 CURVE ST				Address _____																			
City DEDHAM State MA Zip 02026				City _____ State _____ Zip _____																			
Insurance Company GEICO				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)															
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				<div>10 Undercarriage</div> <div>5 11 Totaled</div>															
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Please fill out for operator and all occupants involved												13											
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	4	0	0	10	1	NONE								

**Crash Narrative:**

ON 10-24-19 AT APPROX. 0830HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CENTRE AND CHURCH ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS TRAVELING N-BOUND ON CENTRE ST. PREPARING TO TURN LEFT ONTO CHURCH ST. DRIVER STATES AS SHE WAS ABOUT TO TURN VEHICLE #2 CAME UP ON HER LEFT AND SHE WAS UNABLE TO AVOID HITTING HIM. VEHICLE #2 STATES HE WAS BEHIND VEHICLE 1. HE WAS ALSO N-BOUND ON CENTRE AND WANTED TO TURN LEFT. DRIVER STATES HE GOT INTO THE LEFT ONLY LANE AND PREPARED TO TURN LEFT WHEN VEHICLE #1TURNED LEFT AND HIT HIS RIGHT SIDE. VEHICLE #1 HAD LEFT FRONT BUMPER SCRAPES. VEHICLE #2 HAD RIGHT SIDE DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

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

THOMAS P WALSH			NEWTON POLICE DEPART		10/24/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					