

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/31/2019	Time of Crash 08:36 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	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:					
NORTH BRYON RD								2 9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					2 10		
At			Feet N S E W of _____ or _____							
EAST LAGRANGE ST			Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11 3		
Also at Intersection with			Route# Intersecting Roadway/Street							
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190001112			
License # --- St MA DOB/Age ---			Reg # 1BG631		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2006		Veh Make HONDA		Veh Config. 1 20			
Operator SARGENT KIRA			Owner (Same as operator)				1 12			
Address 29 FURBUSH RD			Address _____							
City W ROXBURY State MA Zip 02132			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		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved							13 1			
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 ---			Reg # 5KY955		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2005		Veh Make HONDA		Veh Config. 2 20			
Operator YUZAIEVA MARIA			Owner (Same as operator)							
Address 39 BRYAN RD			Address _____							
City NEWTON State MA Zip 02467			City _____ State _____ Zip _____							
Insurance Company SAFETY			Vehicle Action Prior to Crash 4 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 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved							13 1			
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 99 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

OPER OF MV1 WAS TRAVELLING EB ON LAGRANGE ST, WHEN MV2 PROCEEDED (NB) FROM BRYON RD, COLLIDING WITH HER VEHICLE (PASS SIDE).

MV2 WAS TURNING ON TO LAGRANGE ST, FROM BRYON RD, WHEN SHE STRUCK THE PASSENGER SIDE OF MV1. OPER OF MV2 STATED THAT MV1 HAD THEIR RIGHT TURN INDICATOR ON, AND BELIEVED THAT MV1 WAS GOING TO TURN.

MV1 SUSTAINED MODERATE PASS SIDE DAMAGE.

MV2 SUSTAINED MINOR FRONT DAMAGE.

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

RICHARD F BENES NEWTON POLICE DEPART 10/31/2019

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

CDP1 11 -24-00