

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/01/2019	Time of Crash 02:50 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 2	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:				9
Route# Direction Name of Roadway/Street At			SOUTH 191 NEEDHAM ST Route# Direction Address # Name of Roadway/Street				Feet N S E W of _____ Mile Marker _____ Exit Number _____				10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____				Route# Intersecting Roadway/Street				11
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark				6
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001118		3
License # --- St MA DOB/Age ---			Reg # 6TP317 Reg Type PAN Reg State MA			Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20			Operator DEFILIPPO CHRISTINA L Last First Middle		12
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20			Owner (Same as operator) Last First Middle			Address _____		1
Operator DEFILIPPO CHRISTINA L Last First Middle			City MILLIS State MA Zip 02054			City _____ State _____ Zip _____			Insurance Company COMMERCE		5
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22 22			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) T2079096		2
Violation 1: Ch 90/244 Sec _____ Violation 2: Ch 90/244 Sec _____			Most Harmful Event 2 23			Driver Contributing Code 10 24 8 24			Underride/Override 25 Towed Y		13
Violation 3: Ch 89/4A Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 1 21			10 Undercarriage 5 11 Totaled			Please fill out for operator and all occupants involved		2
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		
Operator See Above			Age/DOB --- Sex ---			26 1 27 4 28 4 29 4 30 0 31 0 32 8 33 2			NEWTON WELLESLEY H		
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			Please fill out for operator and all occupants involved		
License # --- St MA DOB/Age ---			Reg # MF6450 Reg Type MVN Reg State MA			Veh Year 1999 Veh Make EMON Veh Config. 13 20			Operator RIZZA KATHLEEN Last First Middle		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 1999 Veh Make EMON Veh Config. 13 20			Owner CITY OF NEWTON FIRE Last First Middle			Address 1164 CENTRE ST		
Operator RIZZA KATHLEEN Last First Middle			City NEWTON State MA Zip 02459			City NEWTON State MA Zip 02466			Insurance Company SELF INSURED		
Vehicle Travel Direction: N S E W Responding to Emergency? Y			Event Sequence 2 22 22 22 22 22			Damaged Area Code: (Circle Up to Three)			Citation # (If Issued) _____		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Most Harmful Event 2 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Vehicle Action Prior to Crash 11 21			10 Undercarriage 5 11 Totaled			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		
Operator/Non-Motorist See Above			Age/DOB --- Sex ---			26 1 27 4 28 4 29 4 30 0 31 0 32 8 33 2			NEWTON WELLESLEY H		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Needham St.

Unit 1

Unit 2

P.O.U.

Unit 1

191 Needham St.

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

MV #1 was traveling southbound on Needham St. when it crashed head on into parked MV #2 before crashing into a utility pole in front of 191 Needham St.

Vehicle #2 was parked north bound on Needham St. in the south bound lane with its emergency lights on.

Operator of Vehicle #1 had minor injuries and was transported to NWH.

Operator of Vehicle #2 had minor injuries and was transported to NWW.

Vehicle #1 sustained major damage and was towed by Tody's Towing.

Vehicle #2 sustained minor damage was able to drive away from the scene.

Operator of Vehicle #1 was issued MA citation T2079096 for MGL 90-24 OUI liquor, MGL 90-24 (2) (a) Operating to endanger / negligent operation, and MGL 89-4A marked lanes violation.

(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:

See incident #19046864 in regards to charges for this incident.

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

KEVIN DONOVAN			NEWTON POLICE DEPT#3		11/01/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11-24-00					