

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/01/2019		Time of Crash 15:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				SOUTH 7		SPAULDING LA						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker Exit Number						11	
				Feet N S E W of		Route# Intersecting Roadway/Street						7	
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 1900001121							
License # --- St MA DOB/Age ---				Reg # US53PW		Reg Type PAS		Reg State MA		20			12
Sex M Lic. Class A 18 M 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2014		Veh Make FORD		Veh Config.		2			
Operator GREEN JUSTIN C				Owner J&F CONSTRUCTION									
Address 121 ROCKLAND ST (apt. 3)				Address 58 CRAFTS ST									
City DEDHAM State MA Zip 02026				City NEWTON State MA Zip 02458									
Insurance Company SAFETY INSURANCE				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 20 22 2 22 22 22		2 3 4				10 Undercarriage			
Citation # (If Issued)				Most Harmful Event 2 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
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													2
Operator See Above				99		4 4		0 0		8 2		BETH ISRAEL BOSTON	
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 # 6VD318		Reg Type PAN		Reg State MA		20			13
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2018		Veh Make BMW		Veh Config.		1			
Operator BARBULLUSHI ANDI				Owner FINANCIAL SERVIC									
Address 75 BRAINERD RD				Address 5550 BRITTON PKWY									
City ALLSTON State MA Zip 02134				City HILLARD State OH Zip 43026									
Insurance Company GOVT EMPLOYEE INS				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X 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 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													
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			

Crash Narrative:
The rear end of vehicle #2 had moderate damage.
The rear end of vehicle #1 had minor damage.
Vehicle #2 was parked facing southbound just south of the driveway of 7 Spaulding La.
Vehicle #2 was parked on the side of the road on Spaulding La. and was crashed into by the unoccupied truck and trailer vehicle #1.
The occupant of vehicle #2 was not injured.
The occupant of vehicle #1 was transported to Beth Israel Boston by Newton Amb. 1.
There were no tows needed.
Reference incident report #19046951 for further details on this crash.

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					