Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
12/09/2019	15:26 24HR	NEWTON	2	0	35			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 / 1 — Route# EAST Direction — WASHINGTON ST Name of Roadway/Street

At

SOUTH Direction — LEWIS TER Name of Intersecting Roadway/Street

Also at Intersection with

2 / 3 — Route# Direction — Name of Intersecting Roadway/Street

2 / 9 — Route# Direction Address # — Name of Roadway/Street

2 / 10 — Feet N S E W of — Mile Marker — or Exit Number

Feet N S E W of — Route# Intersecting Roadway/Street

3 / 11 — Feet N S E W of — Landmark

3 — ☒ Vehicle 1 — 1 #Occupants — ☐ Hit/Run — ☐ Moped — Case Number 1900001269

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment

4 / 3 — Operator NOVAKOFF (Last) MELISSA (First) B (Middle)

Address 6 SOLO RD

City HUDSON State MA Zip 01749

Insurance Company COMMERCE INS

5 / 1 — Vehicle Travel Direction: N ☒ E W — Responding to Emergency? N

Citation # (If Issued)

6 / 2 — Violation 1: Ch Sec — Violation 2: Ch Sec — Violation 3: Ch Sec — Violation 4: Ch Sec

Reg # 2946XE Reg Type PAN Reg State MA

Veh Year 2014 Veh Make SUBARU Veh Config. 2 (20)

1 / 12 — Owner LYNCH (Last) MICHAEL (First) D (Middle)

Address 6 SOLO RD

City HUDSON State MA Zip 01749

Vehicle Action Prior to Crash 4 (21)

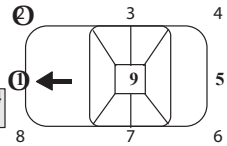
Event Sequence 1 (22) 22 22 22 22

Most Harmful Event 1 (23)

Driver Contributing Code 19 (24) 24

Underride/Override (25) Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

1 / 13 — 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	

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

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

8 / 2 — Operator STASZKO (Last) MITCHELL (First) ALEXANDER (Middle)

Address 37 HARRINGTON RD

City CHICOPEE State MA Zip 01020

Insurance Company COMMERCE INS

Vehicle Travel Direction: N S ☒ W — Responding to Emergency? N

Citation # (If Issued)

Violation 1: Ch Sec — Violation 2: Ch Sec — Violation 3: Ch Sec — Violation 4: Ch Sec

Reg # 595HK6 Reg Type PAN Reg State MA

Veh Year 2000 Veh Make MERCEDES Veh Config. 2 (20)

Owner (Same as operator) (Last) (First) (Middle)

Address

City State Zip

Vehicle Action Prior to Crash 1 (21)

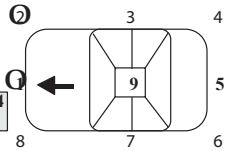
Event Sequence 1 (22) 22 22 22 22

Most Harmful Event 1 (23)

Driver Contributing Code 1 (24) 24

Underride/Override (25) Towed N

Damaged Area Code: (Circle Up to Three)



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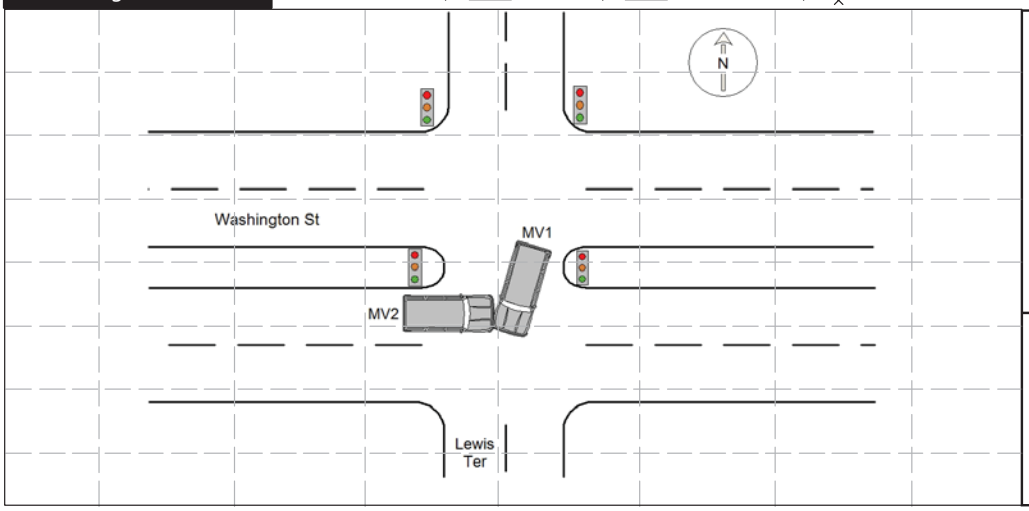
Please fill out for operator and all occupants involved

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 →



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:

On 12/9/2019, at 1526 hours, I responded to the intersection of Washington St and Lewis Ter for a two car MVA. Upon arrival, I observed damage to both vehicles front ends. No injuries were reported. The operator of MV1 stated she was on Washington St (WB) attempting to take a left onto Lewis Ter when she collided with MV2 who was traveling EB on Washington St. The operator of MV2 stated he was traveling eastbound on Washington St when MV1 turned in front of him and they collided. It appears that MV2 had the right of way. MV1 was towed from the scene.

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]

ALEXANDER C SPINNEY		24734	NEWTON POLICE DEPARTM		12/09/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00