

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/10/2019	Time of Crash 08:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	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 AUBURN ST										
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street			
At										
EAST COMMONWEALTH AVE WN										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Mile Marker _____ Exit Number _____			
Also at Intersection with										
Route# Direction Name of Intersecting Roadway/Street			Route# Intersecting Roadway/Street				Landmark			
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001270	
License # --- St MA DOB/Age ---			Reg # 8RG599 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make HYUN Veh Config. 1 20				
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2019 Veh Make HYUN Veh Config. 1 20			Operator LEE SHARON			Owner WARD SAMUEL	
Address 110 WINTHINGTON RD			Address 149 (apt. 7) STRATHMORE RD			City NEWTON State MA Zip 02460			City BRIGHTON State MA Zip 02135	
Insurance Company GEICO			Vehicle Action Prior to Crash 3 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 22 22 22 22 22			Most Harmful Event 22 23			Driver Contributing Code 19 24 24	
Citation # (If Issued) T1445388			Underride/Override 25 Towed Y			10 Undercarriage			11 Totaled	
Violation 1: Ch 89/9 Sec _____ Violation 2: Ch _____ Sec _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
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			1 4 4 0 0 10 1			NONE				
Please Select One of the Following: <input type="checkbox"/> Vehicle # 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 DOB/Age ---			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20				
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year Veh Make Veh Config. 20			Operator			Owner	
Address			Address			City			City	
Insurance Company			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S E W Responding to Emergency? _____			Event Sequence 22 22 22 22 22			Most Harmful Event 23			Driver Contributing Code 24 24	
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
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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			1 4 4 0 0 10 1			NONE				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Commonwealth Ave

Auburn St

Unit 1

Unit 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:**

Operator of vehicle 1 states she was traveling north on Auburn St and had the red light at Commonwealth Ave. She then went to turn right on red and noticed a vehicle traveling eastbound on Commonwealth Ave towards her so she swerved, striking the traffic signal pole. Digital images of the damage were taken by Officer Gaudet.

Operator reported no injuries and signed a patient refusal with Cataldo. the vehicle was towed by Todys.

Operator was issued MA Uniform Citation #T1445388 for failure to yield

**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

**MICHAEL ANTHONY IAROSS**      NEWTON POLICE DEPART      12/10/2019

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

CDP1 11 -24:00