

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/13/2019		Time of Crash 23:17 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 5 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				EAST 12 KAPPIUS PATH Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____ Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street _____ Landmark _____								2	10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	1
Route# Direction Name of Intersecting Roadway/Street													
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001284							
License # --- St MA DOB/Age ---				Reg # 9MJM50 Reg Type PAN Reg State MA									
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2018 Veh Make CHEVY Veh Config. 2 20									
Operator MALENFANT JESSICA MARIE Last First Middle				Owner (Same as operator) Last First Middle									
Address 39 FRANKLIN ST				Address _____									
City WATERTOWN State MA Zip 02472				City _____ State _____ Zip _____									
Insurance Company AMICA				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 21 22 43 22 22 22 2 3 4									
Citation # (If Issued) T2013394				Most Harmful Event 43 23									
Violation 1: Ch 90/244 Sec Violation 2: Ch 90/244 Sec				Driver Contributing Code 10 24 3 24									
Violation 3: Ch 89/4A Sec Violation 4: Ch _____ Sec				Underride/Override 25 Towed Y									
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												21	
Operator See Above													
BUCCIERI, LIANA 39 FRANKLIN ST WATERTOWN, MA 02472													
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 99 Action 15 97 Location 16 99 Condition 17 97 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # --- St DOB/Age ---				Reg # _____ Reg Type _____ Reg State _____									
Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year _____ Veh Make _____ Veh Config. 20									
Operator PATEL MINALKUMAR B Last First Middle				Owner _____ Last First Middle									
Address 19 KAPPIUS PATH				Address _____									
City NEWTON State MA Zip 02459				City _____ State _____ Zip _____									
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 2 3 4									
Citation # (If Issued) _____				Most Harmful Event 23									
Violation 1: Ch _____ Sec Violation 2: Ch _____ Sec				Driver Contributing Code 24 24									
Violation 3: Ch _____ Sec Violation 4: Ch _____ Sec				Underride/Override 25 Towed _____									
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												10	1
Operator/Non-Motorist See Above													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☉ Pedestrian  
 ie: → 1    → 2    → ☉

**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:**

Operator of Vehicle #1 was traveling on Saw Mill Brook Parkway before turning right over a curb and onto Kappius Path. Kappius Path is a walking path not intended for vehicle traffic. While traveling on Kappius Path the operator struck a tree with the driver's side front of the vehicle. The vehicle then rolled onto the passenger side. In order to extract both occupants of the vehicle, Newton Firefighters used the Jaws of Life to remove the roof of the vehicle. Firefighters also had to remove several sections of a chain link fence belonging to the property owner of 19 Kappius Path. Newton Medics obtained patient refusals from both occupants. No injuries were reported. The vehicle was towed from the scene by Todys and an inventory sheet was completed by Officer Emmanuel. Five photographs of the scene were submitted to the IT Bureau. The operator of Vehicle #1 was subsequently arrested and charged with OUI, Negligent Operation and Marked Lanes.

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