

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/29/2019	Time of Crash 12:55 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	Speed Limit 35 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
1 1			BEACON ST Route# Direction Name of Roadway/Street At GLEN AVE Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street		2 9 2 10 11 2 Landmark					
2 1			<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		Case Number 190001342					
3			License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL Operator PINTO JARED Address 22 PARK ST (apt. 4) City NEWTON State MA Zip 02458 Insurance Company GEICO		Reg # 1SJE58 Reg Type PAN Reg State MA Veh Year 2005 Veh Make CHEVY Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three)					
4 1			Vehicle Travel Direction: N X E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec		Event Sequence 1 22 10 22 22 22 22 23 Most Harmful Event 22 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 5 11 Totaled					
5 2			Please fill out for operator and all occupants involved		12 1					
6 1			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
7 3			Operator See Above FAYAD, ZOE 300 2ND AVE (apt 4116) NEEDHAM, MA 02494							
8 1			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							
9 1			License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Operator ALEGRIA KELLY Address 846 MIDDLE ST City N. DIGHTON State MA Zip 02764 Insurance Company EMPIRE FIRE		Reg # 1LLS28 Reg Type PAN Reg State MA Veh Year 2020 Veh Make CHEVY Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)					
10 1			Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec		Event Sequence 1 22 22 22 22 23 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N 10 Undercarriage 5 11 Totaled					
11 1			Please fill out for operator and all occupants involved		13 1					
12 1			Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility							
13 1			Operator/Non-Motorist See Above							

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

Beacon St

Glen Ave

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 1 states he was stopped on Beacon St Westbound waiting to make a left onto Glen Ave. While stopped, vehicle 1 was struck from behind by vehicle 2 and pushed through the intersection into a City of Newton fire hydrant, and then into a utility pole.

Operator 2 stated that she was traveling Westbound on Beacon St, she didn't see vehicle 1 stopped, and stuck it from behind.

Vehicle 1 sustained major damage and was towed from the scene by Tody's. Vehicle 2 sustained minor damage.

The passenger of vehicle 1 sustained a laceration to her lip; however, refused medical attention.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
, CITY OF NEWTON,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 0	617-796-1000	4	FIRE HYDRANT

**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

FRANCIS P SCALTRETO

NEWTON POLICE DEPART

12/29/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date