

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/14/2020	Time of Crash 12:17 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<div><div>EAST</div><div>FRANKLIN ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>NORTH</div><div>WAVERLEY AVE</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000053	
License # --- St MA DOB/Age ---			Reg # 63FK30 Reg Type PAS Reg State MA			Veh Year 2011 Veh Make CEVY Veh Config. 1 20			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment	
Operator PRANGE KAYLA			Owner DICKMAN DONNA			Address 10 BIRCHWOOD LANE			City NORWELL State MA Zip 02061	
Insurance Company COMMERCE			Vehicle Action Prior to Crash 2 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4	
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y	
Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)	
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec	
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved	
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			Operator See Above			Operator See Above			Operator See Above	
Operator			Operator			Operator			Operator	
Operator			Operator			Operator			Operator	
Operator			Operator			Operator			Operator	
Operator			Operator			Operator			Operator	
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 # N22439 Reg Type CON Reg State MA			Veh Year 2008 Veh Make FORD Veh Config. 1 20			Sex M Lic. Class A 18 18 Lic. Restrictions J 19 CDL Endorsment	
Operator TIBERIO MARIO			Owner BELLI INC A R			Address 271 NEVADA STREET			City NEWTON State MA Zip 02458	
Insurance Company UNITED STATES FIRE INS			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 3 4	
Vehicle Travel Direction: N S E X Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 6 24 24			Underride/Override 25 Towed N	
Citation # (If Issued) T2079858			Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)	
Violation 1: Ch 003 Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec	
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec	
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved	
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			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above	
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist	
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist	
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist	
Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist			Operator/Non-Motorist	

→ 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 MV 1 WAS ON FRANKLIN ST, STOPPED AT THE STOP SIGN LOCATED AT THE INTERSECTION OF WAVERLY AVE WHEN MV WAS TURNING LEFT ONTO FRANKLIN ST FROM WAVERLY AVE. AS MV TURNED LEFT HE TOOK THE TURN TOO QUICK AND STRUCK MV 1 WHO WAS STILL STOPPED AT THE STOP SIGN. MV 1 SUSTAINED MODERATE FRONT END DAMAGE, NO INJURIES REPORTED, AND THE VEHICLE WAS TOWED BY TODYS TO THEIR LOT. MV 2 SUSTAINED MODERATE DAMAGE, NO INJURIES REPORTED AND THE VEHICLE WAS NOT TOWED. OPERATOR OF MV 2 ACKNOWLEDGED THE ACCIDENT WAS HIS FAULT AND WAS ISSUED MA UNIFORM CITATION T2079858 FOR C.O. 19/75 FAILURE TO USE CARE WHILE TURNING. THERE WAS A CONSTRUCTION DETOUR IN PLACE WHICH HAD ALL TRAFFIC HEADING NORTHBOUND ON WAVERLY EITHER TURNING LEFT OR RIGHT AT FRANKLIN ST.

**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

**MATTHEW W COLELLA**      **NEWTON POLICE DEPT**      **01/14/2020**

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

CDP1 11 -24:00