

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 01/22/2020	Time of Crash 10:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	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:							
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29EAST 2040 COMMONWEALTH AVE</div> <div>10Route# Direction Address # Name of Roadway/Street</div> <div>Feet NSEW of or Exit Number</div> <div>Feet NSEW of</div> <div>Feet NSEW of Route# Intersecting Roadway/Street</div> <div>Landmark</div>									
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000084					
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator BIRAN PININA TOVA Address 728 WALNUT ST City NEWTON State MA Zip 02459 Insurance Company GEICO			Reg # 1DHX35 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYT Veh Config. 2 20 Owner BIRAN ODED Address 728 WALNUT ST City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N									
Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			<div>12Diagram: 10 Undercarriage, 11 Totaled, 9 in center, 1 arrow pointing left, 8, 6, 3, 4, 5, 11</div>									
Please fill out for operator and all occupants involved			<div>13Table with 13 columns: Name, Address, Age/DOB, Sex, Seat Pos., Safety System, Airbag Status, Airbag Switch, Eject Code, Trap Code, Injury Status, Transp. Code, Medical Facility. Row 1: Operator, See Above, ---, ---, ---, 1, 4, 4, 0, 0, 10, 1, NONE.</div>									
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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator STAFFORD CHARLOTTE L Address 51 MIGNON RD City W NEWTON State MA Zip 02465 Insurance Company QUINCY			Reg # 34LD60 Reg Type PAN Reg State MA Veh Year 2017 Veh Make ACURA 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) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N									
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→ 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 stated she was parked in a parking spot when vehicle 2 started pulling headfirst in the spot on her drivers side. As vehicle 2 pulled in it made contact with vehicle 1 and operator 1 sounded her horn and tried to notify the other operator. Operator of vehicle 1 stated she got into a verbal argument with the other operator and then vehicle 2 backed out of the spot and parked on the opposite side of the parking lot. Operator of vehicle 1 walked over and again told the other operator she hit her but again a verbal argument started and operator of vehicle 2 walked away in to the market.

I was able to find the operator of vehicle 2 inside of the store and she immediately denied any wrong doing and became argumentative when I tried to speak to her. Vehicle 2 had minor damage to its front passenger side consistent with scrapes on the drivers side of vehicle 1. Operator of vehicle 2 stated her damage was

(Continued on next page)

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 IAROSSO

NEWTON POLICE DEPT.

01/22/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

CDP1 11 -24:00