

# Commonwealth of Massachusetts

Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 02/24/2020	Time of Crash 08:06 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 type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
<div>WEST BRUSH HILL RD</div> <div>Route# Direction Name of Roadway/Street</div> <div>At</div> <div>SOUTH DEDHAM ST</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>Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of Mile Marker or Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>											
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2000000182									
License # --- St MA DOB/Age ---				Reg # R56839		Reg Type CON		Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____					
Operator BROWN KEVIN J				Veh Year 2014		Veh Make GMC		Veh Config. 2		Owner DL PETERSON TRUS					
Address 14 BROOK ST				Address 940 RIDGEBROOK RD		City SPARKS		State MD Zip 21152-0000		Vehicle Action Prior to Crash 1 21					
Insurance Company SELF				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25		Towed Y			
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 _____		Damaged Area Code: (Circle Up to Three)					
Please fill out for operator and all occupants involved				Name (Last First Middle) Address		Age/DOB Sex		Seat Pos. 26 Safety System 27		Airbag Status 28 Airbag Switch 29		Eject Code 30 Trap Code 31 Injury Status 32		Transp. Code 33 Medical Facility	
Operator				See Above		-----		--- 1 4 4		0 0 10 1					
Please Select One of the Following:				<input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #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 # 419GW3		Reg Type PAN		Reg State MA		Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____					
Operator NSHIMIYUMUKIZA MARIEROSE				Veh Year 2016		Veh Make HOND		Veh Config. 2		Owner (Same as operator)					
Address 60 HAMMOND ST (apt. 6)				Address _____		City _____		State MA Zip 02120		Vehicle Action Prior to Crash 4 21					
Insurance Company COMMERCE				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 6 24 24		Underride/Override 25		Towed Y		Damaged Area Code: (Circle Up to Three)	
Vehicle Travel Direction: N S E X Responding to Emergency? N				Citation # (If Issued) T1445398		Violation 1: Ch 89/4A 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		Seat Pos. 26 Safety System 27		Airbag Status 28 Airbag Switch 29		Eject Code 30 Trap Code 31 Injury Status 32		Transp. Code 33 Medical Facility	
Operator/Non-Motorist				See Above		-----		--- 1 2 4		0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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 he was traveling southbound on Dedham St when vehicle 2 which was traveling northbound took a quick left with no turn signal towards Brush Hill Rd cutting him off. Vehicle 1 had no time to brake and struck the passenger side of vehicle 2.

Operator of vehicle 2 stated she was traveling north on Dedham St and went to take a left onto Brrush Hill Rd when she was struck by vehicle 1.

Both operators were seen by medics and signed patient refusals. Both vehicles were towed by the scene with tows called in by both operators. Operator of vehicle 2 was issued MA Uniform Citation #T1445398 for an unsafe lane change.

**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**      **02/24/2020**

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

CDP1 11 -24:00