

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/17/2020	Time of Crash 19:03 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><div>NORTH</div><div>CHESTNUT ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>EAST</div><div>WOODWARD 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>			<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 200000335			
License # --- St MA DOB/Age ---			Reg # 53JG19		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2011		Veh Make BMW		Veh Config. 1 20			
Operator VETOULIS GEORGIOS			Owner (Same as operator)							
Address 5 FOREST STREET			Address							
City NEWTON State MA Zip 02461			City		State		Zip			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		Totalled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 1 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex			
Operator			See Above		-----		---			
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 # 417WM2		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment			Veh Year 2014		Veh Make HONDA		Veh Config. 2 20			
Operator SADE MIKA			Owner SADE GILAD							
Address 568 CHESTNUT ST			Address 568 CHESTNUT ST							
City NEWTON State MA Zip 02468			City NEWTON		State MA		Zip 02462			
Insurance Company COMMERCE			Vehicle Action Prior to Crash 4 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23		1 2 3 4 5 6 7 8 9 10 11		Totalled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 12 24 9 24							
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y							
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address		Age/DOB		Sex			
Operator/Non-Motorist			See Above		-----		---			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

CHESTNUT STREET

WOODWARD ST

Unit 2

Unit 1

NOT TO SCALE

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 that he was stopped at the red light on Woodward Street when Vehicle #2 made a left turn from Chestnut Street and struck his driver's side door. Operator of Vehicle #1 was not injured.

Operator of Vehicle #2 stated that she made a left turn from Chestnut Street onto Woodward Street. Operator stated that her dog was jumping around the front seat and she misjudged the turn. Operator over steered and struck Vehicle #1. Operator of Vehicle #2 was not injured. Vehicle #2 was towed from the scene by Tody's Towing.

**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