

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/16/2020		Time of Crash 14:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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:						9	
Route# Direction Name of Roadway/Street At				EAST 140 OLIVER RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000524						5	
License # --- St MA DOB/Age ---				Reg # 97982 Reg Type APN Reg State MA				Sex M Lic. Class A 18 M 18 Lic. Restrictions K 19 CDL _____ Veh Year 2002 Veh Make INTL Veh Config. 13 20				12	
Operator GRIFFIN JAMES WALTER Last First Middle				Owner (Same as operator) Last First Middle				Address _____				1	
Address 124 LEXINGTON STREET				City _____ State MA Zip 01801				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)					
Insurance Company LIBERTY MUTAUL FIRE INSURANCE COMPANY				Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23				Driver Contributing Code 19 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 _____				Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility				13	
Operator				See Above				Operator				2	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 DOB/Age --- Reg # 13LX85 Reg Type PAN Reg State MA				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year 2008 Veh Make HONDA Veh Config. 2 20					
Operator _____ Last First Middle				Owner GOGANIAN ROBERTA Last First Middle				Address 140 OLIVER RD					
Address _____				City WABAN State MA Zip 02468				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)					
Insurance Company LIBERTY MUTAUL INSURANCE				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23				Driver Contributing Code 24 24 Underride/Override 25 Towed N					
Vehicle Travel Direction: N S 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 _____				Please fill out for operator and all occupants involved				Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility					
Operator/Non-Motorist				See Above				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 Motor Vehicle #1 stated that he was driving Eastbound on Oliver Road and he was trying to get through two vehicles that were parked and unoccupied on Oliver Road. Operator of Motor Vehicle #1 stated that he was driving very slowly paying close attention to one side and thought he had enough room on the other side however clearly misjudged how much room he had. Motor Vehicle #2 which was parked and unoccupied sustained major passengers side damage. It should be noted Motor Vehicle #2 was dragged a few ft and ended up in front of the driveway of 140 Oliver Road.

**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 # 97982 (From Vehicle Section)

Carrier Name N. GRANESE & SONS Carrier Issuing Authority Code 35

Address 59 JEFFERSON AVENUE City SALEM St MA Zip 01970

US DOT #: 2862182 State Number \_\_\_\_\_ Issuing State MASSAC ICC #: \_\_\_\_\_ Interstate 99 36

Cargo Body Type Code 7 37 Gross Vehicle Weight 2 38

Trailer Reg #: D37965 Reg Type TRN Reg State MASSAC Reg Year 2004 Trailer Length 3 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

ZOI H LAZARAKIS

NEWTON POLICE DEPART

09/16/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date