

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash	Time of Crash 24HR	City/Town	Motor Vehicle Crash Police Report		Number Vehicles	Number Injured	Speed Limit	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:								
1			Route# Direction Name of Roadway/Street At		Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
2			Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		Route# Intersecting Roadway/Street Feet N S E W of Landmark								
3			<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped						
4			License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Reg # Reg Type Reg State		Veh Year Veh Make Veh Config. 20						
5			Operator Last First Middle Address City State Zip Insurance Company		Owner Last First Middle Address City State Zip		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)				
6			Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 22 22 22 22		Most Harmful Event 23		Driver Contributing Code 24 24				
			Citation # (If Issued)		Underride/Override 25 Towed		10 Undercarriage 11 Totaled						
7			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		See Above		-----		---				
8			Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14		Action 2 15		Location 4 16		Condition 1 17		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
			License # St DOB/Age		Reg # Reg Type Reg State		Veh Year Veh Make Veh Config. 20						
			Sex F Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Owner Last First Middle		Address						
			Operator MANEA LUDA Last First Middle		City NEWTON State MA Zip 02459		Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)				
			Address 124 JFK CIR (apt. C)		City State Zip		Event Sequence 22 22 22 22		Most Harmful Event 23				
			City NEWTON State MA Zip 02459		City State Zip		Driver Contributing Code 24 24		Underride/Override 25 Towed				
			Insurance Company		City State Zip		10 Undercarriage 11 Totaled						
			Vehicle Travel Direction: N S E W Responding to Emergency?		Event Sequence 22 22 22 22		Most Harmful Event 23		Driver Contributing Code 24 24				
			Citation # (If Issued)		Underride/Override 25 Towed		10 Undercarriage 11 Totaled						
			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		-----		---		8 2 NWH		

→ 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

Green St

JFK Cir

NOT TO SCALE

← N →

Crash Narrative:

MV1 stated she was turning left onto JFK Cir and "did not see" the 2 pedestrians subsequently striking them. I observed MV1 to be about 2-3 feet from the sidewalk on the left which showed she was driving on the wrong side of the road. When I brought this to the operators attention she stated "no one was coming." Operator reported no injuries or damage to the vehicle. Citation # T2012942 issued for marked lanes.

The pedestrians, Luda & Andrei Manea stated they were crossing JFK Cir when they were struck by MV1. Luda sustained a laceration to her face and was transported to Newton Wellesley Hospital for a further evaluation.

Andrei complained of pain to his left side, declined to be evaluated on scene, however was transported to NWH with his wife via Cataldo Ambulance.

Digital images of the scene, (after MV1 had to move out of the way) were captured and turned over to

(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

GREGORY P HELMS

NEWTON POLICE DEPT

11/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

the IT Bureau. It should be noted that this intersection is rather dark & Luda was wearing a dark blue shirt & Andrei was wearing a white shirt.

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	37	Gross Vehicle Weight	38
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Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length _____

Hazmat Information:

Placard	40	Material 1 digit #	41	Material Name	Material 4 digit #	Release code	42
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GREGORY P HELMS

NEWTON POLICE DEPARTMENT

11/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____