

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/27/2015	Time of Crash 19:10:00 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 30 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:					
SOUTH CENTRE ST Route# Direction Name of Roadway/Street 30 EAST COMMONWEALTH AVE. Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Route# Intersecting Roadway/Street Feet N S E W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Case Number 1500000942							
License # S52130582 St MA DOB/Age Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator JANOWSKI LIDA JO Address 1124 CENTRAL AVE. City NEEDHAM State MA Zip 02492 Insurance Company HARLEYSVILLE WORC			Reg # G33702 Reg Type CON Reg State MA Veh Year 2005 Veh Make DODGE Veh Config. 2 20 Owner BLUE RIBBON BARB. Address 45 KENNETH ST City NEWTON State MA Zip 02461 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 41 22 20 22 30 22 22 2 3 4 Most Harmful Event 30 23 10 Undercarriage Driver Contributing Code 12 24 24 5 11 Totaled Underride/Override 25 Towed Y 6							
Please fill out for operator and all occupants involved			13 20							
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										
Operator										
Operator										
Operator										
Operator										
Please Select One of the Following: <input type="checkbox"/> Vehicle #Occupants <input checked="" 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 11/04/1976 Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Operator SACZYNSKI MIKE Address 629 COMMONWEALTH AVE City NEWTON State MA Zip Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 3 4 Most Harmful Event 23 10 Undercarriage Driver Contributing Code 24 24 5 11 Totaled Underride/Override 25 Towed 8 6							
Please fill out for operator and all occupants involved			13 20							
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										
Operator/Non-Motorist										
Operator/Non-Motorist										
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:**

On Thursday, August 27th, 2015 at approximately 19:10 hours, while assigned to N494 I responded to the intersection of Commonwealth Ave. and Centre St. for a report of a single car MVA with unknown injuries. Upon arrival I spoke with JANOWSKI, Lida who identified herself as the operator of MV#1. Ms. Janowski stated that she was traveling southbound on Centre St. in the left lane (designated as a left turn only lane), and observed that she had a green arrow to turn left. As she approached the intersection, Ms Janowski stated that an unknown MV took a right hand turn from Commonwealth Ave. into her lane of traffic and was headed directly at her. As a result, Ms. Janowski stated that she cut the wheel to the left in attempt to avoid a head on collision with the unknown MV, causing her vehicle to go over the curb and through the fence of 629 Commonwealth Ave. Cataldo Medics responded to the scene and Ms. Janowski signed a patient refusal. I 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
SACZYNSKI, MICHAEL,	629 COMMONWEALTH AVE. NEWTON, MASSACHUSETTS	617-571-5834	97	FENCE

**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

ALEXANDER COLETTI	28070	NEWTON POLICE DEPT	08/27/2015
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24-00

