

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/03/2019	Time of Crash 13:02 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25W 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 30 ADELLA AVE Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____			2 9				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____			2 10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet [N][S][E][W] of _____ Landmark _____			11 5				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000010	
License # _____ St MA DOB/Age _____			Reg # M98486 Reg Type MVN Reg State MA			2 12				
Sex M Lic. Class A 18 18 Lic. Restrictions 11 19 CDL _____			Veh Year 2009 Veh Make FORD Veh Config. 2 20			1				
Operator CAMILLI DOMENIC Last First Middle			Owner CITY OF NEWTON H Last First Middle			1				
Address 110 CRAFTS STREET			Address 74 ELLIOT ST			1				
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02459			1				
Insurance Company SELF			Vehicle Action Prior to Crash 1 21			13 2				
Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? _____			Event Sequence 2 22 22 22 22			10 Undercarriage				
Citation # (If Issued) _____			Most Harmful Event 2 23			5 11 Totaled				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			8 7 6				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			1				
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 2				
Operator			See Above			1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 # S87447 Reg Type CON Reg State MA			2 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2000 Veh Make CHEV Veh Config. 2 20			1				
Operator MOURA TIAGO S Last First Middle			Owner (Same as operator) Last First Middle			1				
Address 1 RAYMOND CT (apt. 7)			Address _____			1				
City HUDSON State MA Zip 01749			City _____ State _____ Zip _____			1				
Insurance Company SAFETY			Vehicle Action Prior to Crash 11 21			10 Undercarriage				
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____			Event Sequence 1 22 22 22 22			5 11 Totaled				
Citation # (If Issued) _____			Most Harmful Event 1 23			8 7 6				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			1				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			1				
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 2				
Operator/Non-Motorist			See Above			5 1				
BROWN, JARED			1105 LEXINGTON ST (apt 5) NEWTON, MA 02452			M 3 1 4 99 0 0 5 1				

→ 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 vehicle one stated that while driving westbound on Adella Ave the rear driver's side of his vehicle struck the front driver's side mirror of vehicle two. There was no damage to either vehicle. Vehicle two was parked unoccupied in front of 30 Adella Ave at an angle. There was another unoccupied vehicle parked across from 30 Adella Ave further constricting the roadway. Both occupants of vehicle one stated that they were not injured. Photos of both vehicles were taken and the disk was downloaded by the N PD's IT bureau. Adella Ave is a public way in the City of Newton.

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 A MCSWEENEY

NEWTON POLICE DEPARTMENT

01/03/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date