

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 02/05/2019	Time of Crash 10:21 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input checked="" type="checkbox"/>	Local Police <input checked="" type="checkbox"/>	MBTA Police <input checked="" type="checkbox"/>	Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
<b>NORTH</b> Route# Direction Name of Roadway/Street At <b>EAST</b> Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street			<b>CRAFTS ST</b> Route# Direction Address # Name of Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker Exit Number Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# Intersecting Roadway/Street Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark							
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000146	
License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator NADOLNY JESSICA Address 37 CAMBRIA STREET City WALTHAM State MA Zip 02453 Insurance Company GOVT EMPLOYEE			Reg # 1VJ665 Reg Type PAS Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 1 20 Owner NADOLNY JAMES Address 37 CAMBRIA RD City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed 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			13 1							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above			---							
WHITTEMORE, LAURA			15 GILBERT STREET WALTHAM, MA --- F 3 1 4 99 0 0 5 1							
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped							
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 10 19 CDL _____ Operator DUQUETTE CAMDEN Address 370 TITICUT ROAD City RAYNHAM State MA Zip 02767 Insurance Company ACE AMERICAN			Reg # M50167 Reg Type CON Reg State MA Veh Year 2007 Veh Make FORD Veh Config. 2 20 Owner COMCAST OF BOSTON Address 9 NORTHEASTERN BLVD City SALEM State NH Zip 03079 Vehicle Action Prior to Crash 4 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N Citation # (If Issued) T1441120 Violation 1: Ch 90/24/C Sec _____ Violation 2: Ch 89/9 Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____							
Please fill out for operator and all occupants involved			13 1							
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above			---							



→ 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:

IN CHARGE OF EMPLOYEES IN NEWTON. HE STATED HE LOOKED AT GPS RECORDS AND STATED ONLY ONE OF HIS EMPLOYEES WAS IN THE AREA AT THE TIME OF THE CRASH AND HE WAS STATIONARY AT ADDRESS ON MELVILLE AVE.

I ALSO CALLED JOHN MCGUINNESS WHO IS THE SUPERVISOR FOR COMCAST WORKING IN WESTON, WALTHAM AND WATERTOWN AREAS. I LEFT A VOICEMAIL FOR HIM TO CALL ME BACK.

I RECEIVED A CALL BACK FROM JOHN MCGUINNESS WHO RELAYED TO ME THAT HE SENT A MESSAGE OUT TO ALL OF HIS EMPLOYEES INQUIRING ABOUT THE ACCIDENT IN QUESTION AND ONE OF HIS DRIVERS CALLED HIM AND TOLD HIM THAT HE WAS THE PERSON INVOLVED IN THE ACCIDENT. I MET WITH HIM WHO WAS IDENTIFIED AS CAMDEN DUQUETTE AND HE STATED THAT HE STOPPED AT THE STOP SIGN, PROCEEDED FORWARD AND DIDN'T SEE A TRUCK COMING ON HIS LEFT. HE STATED HE WAS ABLE TO AVOID THE FIRST CAR AND DIDN'T REALIZE HE STRUCK ANOTHER VEHICLE (STATED HE THOUGHT HE STRUCK THE

(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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

#### Hazmat Information:

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

MATTHEW W COLELLA

NEWTON POLICE DEPT

02/05/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

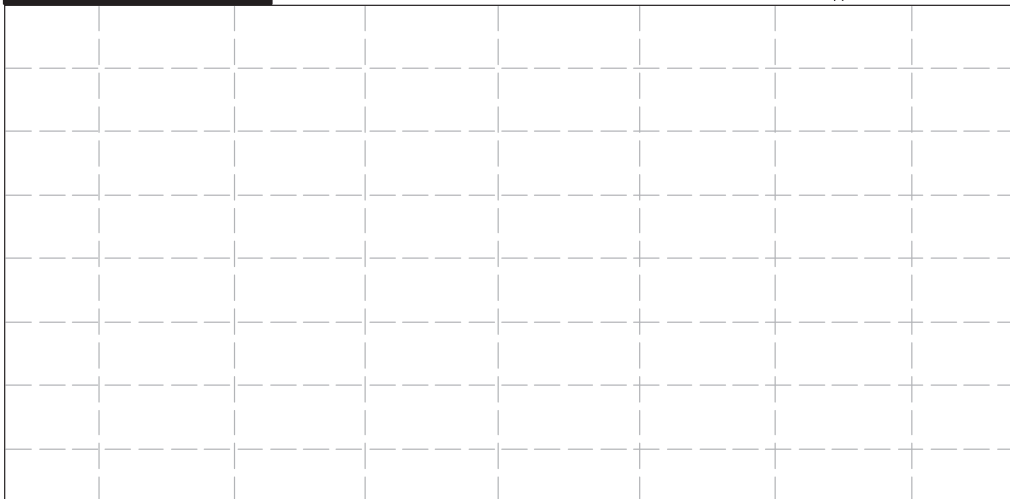
Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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☐ Mall/Shopping Center  
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

CURB). THERE WAS DAMAGE ON HIS PASSENGER SIDE CONSISTENT WITH STRIKING A VEHICLE AND NOT THE CURB. AS A  
RESULT OF THE INVESTIGATION HE WAS ISSUED MA UNIFORM CITATION T1441118 FOR CH .90 S. 24 LEAVING SCENE OF AN  
ACCIDENT (PROPERTY DAMAGE) AND CH. 89 S. 9 FTC STOP SIGN.

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