

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 02/21/2019	Time of Crash 09:53 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH IONIA ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet X S E W of AUBURNDALE AV Route# Intersecting Roadway/Street								
Route# Direction Name of 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 190000205		
License # --- St MA DOB/Age ---			Reg # M94759 Reg Type MVN Reg State MA								
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016 Veh Make FORD Veh Config. 2 20								
Operator CARRESI PATRICK Last First Middle			Owner CITY OF NEWTON Last First Middle								
Address 33 TEMPLE RD			Address 110 CRAFTS ST								
City MARSHFIELD State MA Zip 02050			City NEWTON State MA Zip 02458								
Insurance Company PRIVATE- CITY OF NEWTON			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 2 22 22 22 22 2			3 4 10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			1 9 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved											
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 --- 99 4 4 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # 8ZEE40 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2005 Veh Make HONDA Veh Config. 1 20								
Operator CANAVAN DONNAH Last First Middle			Owner (Same as operator) Last First Middle								
Address 16 MALBERT RD			Address								
City BRIGHTON State MA Zip 02135			City State Zip								
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 22 22 22 2			3 4 10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			1 9 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
Please fill out for operator and all occupants involved											
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 --- 99 4 4 0 0 5 1								

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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, February 21, 2019, while assigned to Traffic unit N526, I responded to the area of Ionia Street, Newton for a report of a motor vehicle accident involving a City of Newton owned vehicle. Ionia Street is a public way maintained by the City of Newton. The weather at the time of the accident was overcast. The road surface was icy and snow covered.

The operator of MV1, Patrick Carresi (MA: S73958042), stated he was operating a City of Newton owned 2016 Ford F350 plow truck (MA MVN: M94756) turning left onto Ionia Street from Auburndale Av. Carresi stated as he took the turn, the rear passenger corner of the truck made contact with the drivers side front panel of MV2 which was parked on the side of the road facing southbound. I observed minor damage to the rear of MV1. MV2 received heavy front end damage with the entire front panel torn off. Carresi reported no

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**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
			3	PLOW

**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

### Crash Narrative:

injuries. Carresi works for the Utilities Department with the DPW.

The operator of MV2, Donna Canavan (MA: S57637058), stated she was parked inside her 2005 Honda CRV

(MA: 8ZEE40) facing southbound on Ionia Street. Canavan stated as the plow truck took the turn onto

Ionita Street from Auburndale Av its rear corner of the truck struck the front panel of her parked vehicle ripping the panel off. I observed significant damage to the front panel area of MV2. Canavan reported no injuries and was able to drive her vehicle from the scene.

Pictures were taken of both vehicles and submitted to the IT Bureau.

Witnesses:

### Property Damage:

### 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









