Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	State Police	Local Police	MBTA Police	Other:
05/04/2019	15:54 24HR	NEWTON	2	0	25			☐	☒	☐	

LOCATION

AT INTERSECTION:

1 (1) Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 (2) Route# Direction Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

9 (2) Route# Direction Address # Name of Roadway/Street

SOUTH 203 ADAMS ST

10 (2) Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

11 (2) Feet N S E W of Landmark

3 ☒ Vehicle 1 0 #Occupants ☐ Hit/Run ☐ Moped Case Number 1900000453

4 (1) License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment

Operator Last First Middle

Address

City State Zip

Insurance Company LM GENERAL

5 (1) Vehicle Travel Direction: N ☒ E W Responding to Emergency?

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

6 (1) Violation 3: Ch Sec Violation 4: Ch Sec

Reg # 9FK353 Reg Type PAN Reg State MA

Veh Year 2006 Veh Make AUDI Veh Config. 20 1

12 (3) Owner PERKINS AFRICA S (Last First Middle)

Address 28 (apt. 2) PRESTON ST

City WORCESTER State MA Zip 01610

Vehicle Action Prior to Crash 21 11

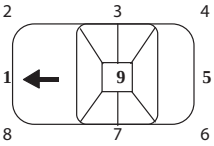
Event Sequence 22 99 22 22 22

Most Harmful Event 23 2

Driver Contributing Code 24 1 24

Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

13 (2) 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	- - - - - - - -	- - -	- - -								

7 (1) Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

8 (2) License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment

Operator PELLEGRINI JR ANTHONY (Last First Middle)

Address 56 CLINTON ST

City NEWTON State MA Zip 02458

Insurance Company COMMERCE INSURANCE

Vehicle Travel Direction: N ☒ 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 # S68710 Reg Type CON Reg State MA

Veh Year 2017 Veh Make CHEVY Veh Config. 20 2

Owner (Same as operator) (Last First Middle)

Address

City State Zip

Vehicle Action Prior to Crash 21 1

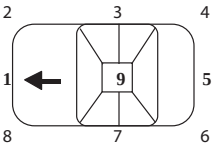
Event Sequence 22 2 22 22 22

Most Harmful Event 23 2

Driver Contributing Code 24 5 24

Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

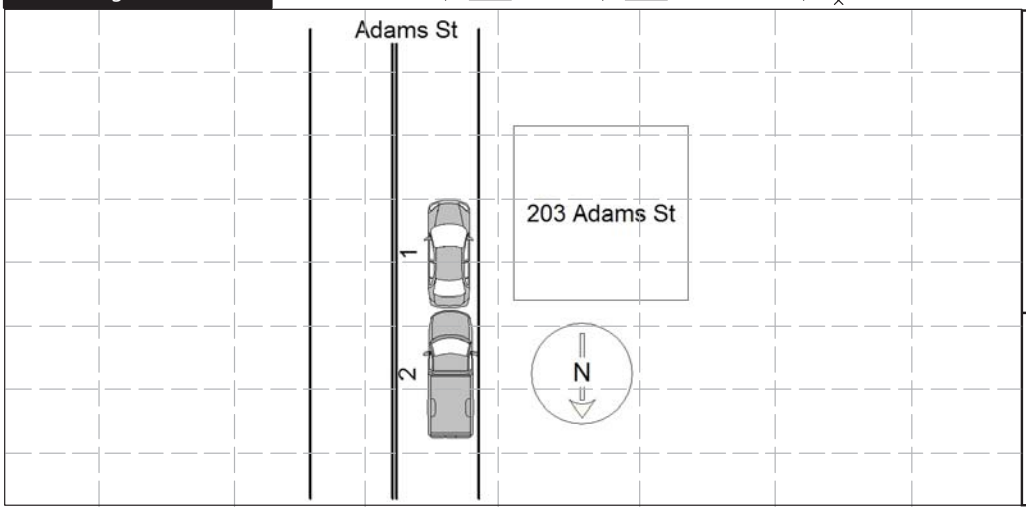
Please fill out for operator and all occupants involved

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	- - - - - - - -	- - -	- - -	99	4	4	0	0	10	1	NONE

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: 1 2



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 owner of Vehicle #1, Ms. Africa Perkins wished to report that a vehicle had parked closely behind her vehicle, and possibly made contact with her bumper. The Vehicle in question came back to a Mr. Anthony Pellegrini.

Mr. Pellegrini was located, and agreed to come back and move his vehicle so that Ms. Perkins could inspect her vehicle.

Ms. Perkins, and Mr. Pellegrini inspected their vehicles, and agreed that there was no damage to report.

Both parties requested this report be generated in order to document this.

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]

DECLAN G HEALY			NEWTON POLICE DEPARTM		05/04/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00