

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/17/2019		Time of Crash 09:45 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 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:						9	
Route# Direction Name of Roadway/Street At				WEST 2040 COMMONWEALTH AVE		Route# Direction Address # Name of Roadway/Street						2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Mile Marker _____ Exit Number _____		Feet N S E W of _____						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street Landmark						11	
1 <input checked="" type="checkbox"/> Vehicle 1 #Occupants				1 <input type="checkbox"/> Hit/Run		1 <input type="checkbox"/> Moped		Case Number 190000951					1
License # --- St MA DOB/Age ---				Reg # 8BP696 Reg Type PAN Reg State MA		Veh Year 2015 Veh Make TOYOTA Veh Config. 1 20						12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Operator VINCENT FRANCIS		Owner (Same as operator)						1	
Address 17 PARTRIDGE DR				City HINGAM State MA Zip 02043		Address _____						1	
Insurance Company QUINCY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						13	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 10 22 22 22 22		Most Harmful Event 10 23						10	
Citation # (If Issued) _____				Driver Contributing Code 13 24 24		Underride/Override 25 Towed Y						11	
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						10	
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		-----		---					
Please Select One of the Following: 1 <input type="checkbox"/> Vehicle #Occupants				1 <input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16		Condition 17		1	
License # --- St --- DOB/Age _____				Reg # _____ Reg Type _____ Reg State _____		Veh Year _____ Veh Make _____ Veh Config. 20						20	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Operator _____		Owner _____							
Address _____				City _____ State _____ Zip _____		Address _____							
Insurance Company _____				Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)							
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Citation # (If Issued) _____				Driver Contributing Code 24 24		Underride/Override 25 Towed _____							
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							
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		-----		---					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

2040 Comm Ave

Unit 1

N

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:

Francis Vincent was operating vehicle #1 W/B on Comm Ave. Francis states that he was driving and looking at traffic straight ahead. Francis states that he drove into a green dumpster that was left on the side of the road by Star Market. Francis states that he did not see the dumpster because it blended in with the tree line.

I spoke with Star Market Manager Joe Granata. Joe stated that the disposal company was brining a new dumpster and the dumpster was left in the street so the exchange could be made. No injures, vehicle #1 towed by Todys

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

09/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date