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:
11/18/2019	12:06 24HR	NEWTON	1	0	25			☐	☒	☐	

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

1 Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street: NORTH 290 ADAMS ST

Feet N S E W of ___ ___ ___ • ___ or _____ Mile Marker Exit Number

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

Feet N S E W of Landmark

Case Number 1900001181

☒ Vehicle 1 1 #Occupants ☒ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class A 18 M 18 Lic. Restrictions B 19 CDL Endorsment

Operator BARRILE (Last) MICHAEL (First) D (Middle)

Address 6 KENYON ST

City NEWTON State MA Zip 02465

Insurance Company SELF

Vehicle Travel Direction: ☒ S E W Responding to Emergency? N

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # M4688A Reg Type MVN Reg State MA

Veh Year 2019 Veh Make CAM Veh Config. 8 20

Owner CITY OF NEWTON (Last) (First) (Middle)

Address 110 CRAFTS ST

City NEWTON State MA Zip 02458

Vehicle Action Prior to Crash 11 21

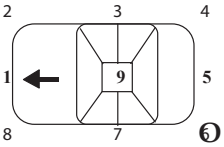
Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 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	See Above	- - - - - - - -	- - -	- - -						10	1	

Please Select One of the Following: ☐ Vehicle ___# Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # _____ St _____ DOB/Age _____

Sex____ Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment

Operator _____ (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Insurance Company_____

Vehicle Travel Direction: N S 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 # _____ Reg Type_____ Reg State_____

Veh Year_____ Veh Make_____ Veh Config. 20

Owner _____ (Last) (First) (Middle)

Address _____

City _____ State_____ Zip _____

Vehicle Action Prior to Crash 21

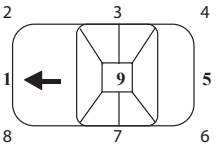
Event Sequence 22 22 22 22

Most Harmful Event 23

Driver Contributing Code 24 24

Underride/Override 25 Towed ____

Damaged Area Code: (Circle Up to Three)



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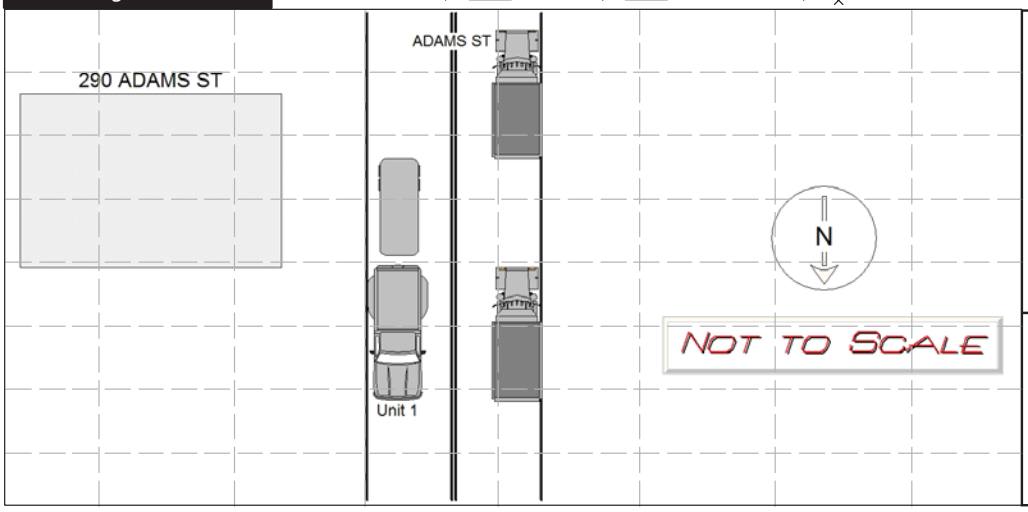
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -								

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:

Operator of vehicle one, city of Newton DPW worker Michael Barrile, stated that at 12:00 hours on 11/18/2019 he parked city of Newton trailer #240 (2019 Cam MA reg PMV M4688A) north bound in front of 290 Adams St. Adams St is a public way in the city of Newton. Barrile stated that he left his vehicle. Ofc M.Boudereau and Ofc Donovan were directing traffic in the area due to a large funeral procession. Ofc M. Boudereau stated that he saw a white compact vehicle strike the rear driver's side of the trailer and not stop. I canvassed the area with negative results. I took photos of the minor damage to the trailer's rear driver's side brake light .

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]

MICHAEL A MCSWEENEY			NEWTON POLICE DEPARTM		11/18/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00