

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/20/2019	Time of Crash 11:09 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit 5 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street At			WEST 25 CHESTNUT 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 N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Landmark								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001184				
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 7DH877 Reg Type PAN Reg State MA			Veh Year 2017 Veh Make FORD Veh Config. 1 20					
Operator Last First Middle			Owner CITY OF NEWTON Last First Middle			Address 1321 WASHINGTON STREET					
Address			City NEWTON State MA Zip 02465			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)					
Insurance Company SELF INSURED			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Driver Contributing Code 24 24			Underride/Override 25 Towed N					
Citation # (If Issued)			10 Undercarriage			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			8 7 6								
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 See Above					
Please Select One of the Following:			<input type="checkbox"/> Vehicle #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 DOB/Age			Reg # Reg Type Reg State			Veh Year Veh Make Veh Config. 20					
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Owner Last First Middle			Address					
Operator Last First Middle			City State Zip			Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)					
Insurance Company			Event Sequence 22 22 22 22 2			Most Harmful Event 23					
Vehicle Travel Direction: N S E W Responding to Emergency?			Driver Contributing Code 24 24			Underride/Override 25 Towed					
Citation # (If Issued)			8 7 6								
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    →

25 Chestnut Street

Unit 1

Unknown MN

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

### Crash Narrative:

On Wednesday, November 20, 2019, I met with Officer Lazarakis at 25 Chestnut Street, Newton for a report of damage to Newton Police unmarked cruiser 1325. Officer Lazarakis stated she was retrieving an item out of the front passenger side door of the 2017 Ford Fusion (MA: 7HD877) when she observed a medium size dent near the door. Officer Lazarakis stated she does not know when or where the damage occurred. The vehicle has been moved several times in the last few days. The vehicle is typically parked in the rear parking lot of 25 Chestnut Street. It appears the dent was caused by a vehicle backing into the side of the vehicle. I observed no paint transfer or any other physical evidence left by the unknown vehicle. Pictures were taken to document the damage to the front passenger side door and submitted to the IT Bureau. IT was asked to check the surveillance cameras at 25 Chestnut Street to see if the incident was captured. I checked

(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

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

MICHAEL R GAUDET

NEWTON POLICE DEPT

11/20/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction    1 = Vehicle 1    2 = Vehicle 2    ♀ Pedestrian

### Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

[illegible]

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 area for vehicles for damage consistent to the damage on 1325 with a negative result.

[illegible]

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	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

MICHAEL R GAUDET

NEWTON POLICE DEPARTMENT

11/20/2019

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Police Officer Name (Please Print)

Signature \_\_\_\_\_

ID/Badge #

Department

Precinct/Barracks

Date \_\_\_\_\_