

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/22/2019	Time of Crash 12:30 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 66 WEBSTER 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 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190001200		
License # --- St MA DOB/Age ---			Reg # M70931 Reg Type MVN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2008 Veh Make FORD Veh Config. 2 20								
Operator SARDELLA JAMES Last First Middle			Owner MIDDLESEX DISTRICT ATTORN Last First Middle								
Address 15 COMMONWEALTH AVE.			Address 15 COMMONWEALTH AVE.								
City WOBURN State MA Zip 01801			City WOBURN State MA Zip 01801								
Insurance Company SELF INSURED			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			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 Y								
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			-----			0 4 4 0 0 10 1			NONE		
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								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year Veh Make Veh Config. 20								
Operator Last First Middle			Owner Last First Middle								
Address			Address								
City State Zip			City State Zip								
Insurance Company			Vehicle Action Prior to Crash 21			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:**

66 webster st

Unit 1 - P.O.I.

**NOT TO SCALE**

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 11-22-19 AT APPROX. 1230HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE HIT AND RUN. UPON ARRIVAL AT 66 WEBSTER ST. I SPOKE TO THE COMPLAINANT ( JAMES SARDELLA ). COMP. STATES HE LEFT THE COMPANY VEHICLE ( MA REG: M70931 ) PARKED ON THE STREET IN FRONT OF 66 WEBSTER ST. AT 1130HRS. HE STATES WHEN HE RETURNED AT 1230HRS. HE NOTICED THE DRIVER SIDE REAR VIEW MIRROR WAS ON THE GROUND AND THERE WERE SCRAPES TO THE LEFT SIDE OF THE VEHICLE. COMP. STATES THERE WAS NO WITNESSES PRESENT WHEN THE VEHICLE WAS HIT. COMP. ADVISED TO CONTACT HIS INSURANCE COMPANY. COMP. REPORTS NO INJURIES.

**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

THOMAS P WALSH      NEWTON POLICE DEPT      11/22/2019

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00