

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 12/08/2019		Time of Crash 03:06 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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		
EAST AMHERST RD										2				
Route# Direction Name of Roadway/Street				Route# Direction Address # Name of Roadway/Street						10				
At				Feet N S E W of _____ or _____										
SOUTH CHESTNUT ST														
Route# Direction Name of Intersecting Roadway/Street				Mile Marker Exit Number										
Also at Intersection with				Feet N S E W of _____						11				
Route# Direction Name of Intersecting Roadway/Street				Route# Intersecting Roadway/Street						2				
				Landmark										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900001259						
License # --- St MA DOB/Age ---				Reg # 5050 F Reg Type RPN Reg State MA										
Sex M Lic. Class A 18 18 Lic. Restrictions B 19 CDL _____				Veh Year 2016 Veh Make FORD Veh Config. 97 20										
Operator DONAHUE DAVID				Owner (Same as operator)								12		
Address 40 RUSSELL RD.				Address _____										
City NEWTON State MA Zip 02465				City _____ State _____ Zip _____										
Insurance Company ARBELLA				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6						
Please fill out for operator and all occupants involved												13		
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												2		
Operator See Above				-----										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---				Reg # 9AY686 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make MAZD Veh Config. 2 20										
Operator TAUBE-PERROTTA DAVID BRUCE				Owner (Same as operator)										
Address 30 ROLAND STREET				Address _____										
City NEWTON HIGHLAND State MA Zip 02461				City _____ State _____ Zip _____										
Insurance Company COMMERCE INS				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				3 4						
Citation # (If Issued) T2013108				Most Harmful Event 2 23				10 Undercarriage						
Violation 1: Ch 90/24/J Sec _____ Violation 2: Ch 90/24/E Sec _____				Driver Contributing Code 97 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				6						
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

ie: → 1 → 2 →

1 Vehicle 1   2 Vehicle 2

⊙ Pedestrian

**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:**

Based on observations and statements made, the following occurred. M/V#1 was parked facing south on Chestnut St. awaiting to pull a M/V from an unrelated accident scene, with his yellow hazard light bar activated. A Verizon truck was parked facing north in the northbound lane of Chestnut St. and through traffic was being routed up the westbound side of Amherst St. M/V#2 approached traveling south on Chestnut St., and stopped approx. 100 feet away from M/V#1. It then began to slowly drive up to M/V#1 and attempt to pass between the two parked trucks, at a slow speed, when the right fender of M/V#2 struck the towing rig of M/V#1. The right fender of M/V#2 had damage along the right front wheel well. I was unable to see the extent of the damage to the tow rig.

I went to speak to the operator of the M/V#2 (who was standing outside to the right of his car) and as

(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 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

STEVEN C EMMANUEL

NEWTON POLICE DEPART

12/08/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date







♀ Pedestrian

♀

---

---

---

---

---

---

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Placard	40
---------	----

CDP1 11 ·24·00