

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/28/2020	Time of Crash 20:23 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:				
Route# Direction Name of Roadway/Street At			SOUTH 297 CRAFTS ST Route# Direction Address # Name of Roadway/Street			Feet N S E W of _____ or _____ 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			Feet N S E W of _____ Landmark				
Route# Direction Name of Intersecting Roadway/Street										
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2000000106	
License # --- St MA DOB/Age ---			Reg # 7EH383 Reg Type PAN Reg State MA			Veh Year 2018 Veh Make AUDI Veh Config. 1 20				
Sex M Lic. Class D 18 18 Lic. Restrictions R 19 CDL _____			Owner TRAN HUNG C			Address 36 FAIR OAKS AVE				
Operator TRAN NATHANIEL			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 2 21				
Address 297 CRAFTS ST			City NEWTON State MA Zip 02460			Damaged Area Code: (Circle Up to Three)				
Insurance Company ABELLA MUTUAL			Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y			10 Undercarriage 11 Totaled				
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			-----			1 4 4 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				
License # --- St DOB/Age ---			Reg # P19397 Reg Type CON Reg State MA			Veh Year 2012 Veh Make CHEVY Veh Config. 2 20				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner R A FRANCHI			Address 37 RIVERDALE AVE				
Operator _____			City NEWTON State MA Zip 02458			Vehicle Action Prior to Crash 1 21				
Address _____			City NEWTON State MA Zip 02458			Damaged Area Code: (Circle Up to Three)				
Insurance Company _____			Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22 2				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 99 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			10 Undercarriage 11 Totaled				
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			-----			1 4 4 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

297 Crafts St.

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:**

Vehicle #1 was traveling south on Crafts St. Vehicle #1 came to a stop to take a left turn into the operators driveway in front of 297 Crafts St. when it was struck in its rear end by Vehicle #2.

Vehicle #2 was traveling south on Crafts St. and failed to slow for the Vehicle #1 that was stopped in traffic. Vehicle #2 crashed into vehicle #1 then continued south on Crafts St. before turning left onto Linwood Ave and leaving the scene.

While on a routine traffic stop at California and Bridge St. Officer Spinney and Sergeant Mcneil heard me give out the description of vehicle #2. Officer Spinney and Sgt. Mcneil saw a damaged vehicle matching the description pass them going east on California St. Sgt. Macneil stated the truck said "Franchi" on the side. When Officer Spinney cleared the MV stop he was able to locate vehicle #2 located behind 37 Riverdale

(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

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:    ie: → 1    → 2    →

	If Crash <u>Did Not</u> Occur on a Public Way:	
	<input type="checkbox"/> Off-Street Parking Lot	
	<input type="checkbox"/> Garage	
	<input type="checkbox"/> Mall/Shopping Center	
	<input type="checkbox"/> Other Private Way	
	Indicate North by Arrow	
		

Crash Narrative:

Ave. The Trucks hood and engine was still warm to the touch and had corresponding damage that matched witness statements. I was able to match pieces of the truck left at the scene of the accident to the vehicle Officer Spinney located. Pictures of the scene and both vehicles were taken and turned into the IT bureau. The co-owner of Vehicle #2 Robert Franchi could not tell us who was operating the vehicle. The co-owner of Vehicle #2 Robert appeared to be intoxicated and admitted to drinking. The owner of vehicle #2 has video footage of the vehicle being parked but could not provide us with a copy of it.

Vehicle #1 suffered minor damage to its rear but was disabled and needed to be towed from the scene. Todys towed the vehicle. A towed MV report was completed and filed.

Vehicle #2 suffered heavy front end damage primarily to its driver side.

(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

[illegible]

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

KEVIN DONOVAN			NEWTON POLICE DEPT#1		01/28/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11:24:00					