

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/08/2020	Time of Crash 12:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> 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 _____			NORTH 1243 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000136			
License # _____ St MA DOB/Age _____			Reg # 3JP864		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2012		Veh Make CHEVY		Veh Config. <u>1</u> <u>20</u>			
Operator HODGSON WILLIAM Last First Middle			Owner (Same as operator)		First Middle					
Address 34 CLYDE ST			Address _____		First Middle					
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash <u>1</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>		Most Harmful Event <u>1</u> <u>23</u>		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>		Driver Contributing Code <u>99</u> <u>24</u> <u>24</u>					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u>		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			1 4 4 0 0 10 1							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # 2VFY61		Reg Type PAN		Reg State MA			
Sex M Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2019		Veh Make SUBARAU		Veh Config. <u>1</u> <u>20</u>			
Operator FASCETTI JONATHAN Last First Middle			Owner (Same as operator)		First Middle					
Address 107 CHURCH ST			Address _____		First Middle					
City WINCHESTER State MA Zip 01890			City _____ State _____ Zip _____							
Insurance Company METROPOLITAN			Vehicle Action Prior to Crash <u>6</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>		10 Undercarriage			
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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:

1243 Center St

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:

William Hdogson was operating vehicle #1 N/B on Center St. William states that vehicle #2 pulled out in front him and he struck the vehicle.

Jonathan Fascetti was parked at a parking spot across from 1243 Center St. Jonathan states that he entered the traffic lane and while doing so he was struck by vehicle #1. No injures, no tows.

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

STEPHEN T COTTENS

NEWTON POLICE DEPART

02/08/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date