

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/06/2020		Time of Crash 02:19 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	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				NORTH 258 CENTRE ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____								10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				Feet [N][S][E][W] of _____ Landmark _____								11	
1 4		2 1		3		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 2000000218						2	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company STANDARD FIRE				Reg # 128DV1 Reg Type PAS Reg State MA Veh Year 2011 Veh Make LEXUS Veh Config. [1][20] Owner DIBART SERGE N Address 10 (apt. 84) WILLIAMS ST City WATERTOWN State MA Zip 02472 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][22][22][22] 2 Most Harmful Event [1][23] 3 Driver Contributing Code [1][24][24] 1 Underride/Override [25] Towed N 9 10 Undercarriage 11 Totaled								12	
5 6 1				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 ----- 								13	
7 1		8 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						2			
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # _____ Reg Type UNKNOWN Reg State _____ Veh Year UNKN Veh Make UNKNOWN Veh Config. [97][20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [99][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 Most Harmful Event [2][23] 3 Driver Contributing Code [99][24][24] 1 Underride/Override [25] Towed N 9 10 Undercarriage 11 Totaled								13	
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

NOT TO SCALE

Starbucks
258 Centre St, Newton

Sunoco
170 Galen St, Watertown

Centre St

MV1 (ending)

MV1 (starting)

Unknown MV

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 Friday, March 6, 2020 between approximately 0218 to 0220 hours MV1 was parked at 258 Centre St, Newton. At this time an unknown MV struck MV1 from behind and pushed it approximately 10 feet to the Sunoco Entrance (170 Galen St, Watertown). MV1 sustained heavy rear-end damage and was towed privately by the Sunoco owner with MV1 owner's permission. The Sunoco owners do not have a recording of the crash but has the recording of MV1 being pushed from behind into the camera view. The unknown MV was not seen in the camera recordings. MV1 owner was inside his residence at the time, and no injuries were reported.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
LAKKIS, ELIE, E	123 (apt 1) SAINT BOTOLPH ST BOSTON, MA 02115	-----	N

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

MARK HATFIELD NEWTON POLICE DEPT 03/06/2020

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

CDP1 11 -24:00