

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/01/2020	Time of Crash 12:11 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 17 JOHNSON PL Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Landmark				11 4				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000312		
License # --- St MA DOB/Age ---			Reg # V36945 Reg Type CON Reg State MA			Veh Year 2009 Veh Make AUTO EXPED Veh Config. 13 20			4 1		
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____			Owner WASTE MANAGEMET			Address 100 HILL ST			12 1		
Operator ECHEVERRIA DAVID			City BROCKTON State MA Zip 02301			City NORTON State MA Zip 02766			5		
Insurance Company ACE AMRICAN			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			6 1		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 18 24 24		
Citation # (If Issued) _____			Underride/Override 25 Towed N			Diagram: 10 Undercarriage 5 11 Totaled			13 2		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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											
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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			7 1		
License # --- St DOB/Age ---			Reg # 3SH854 Reg Type PAN Reg State MA			Veh Year 2012 Veh Make NISSAN Veh Config. 2 20			8 1		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner KASTURE MANDAR			Address 496 AUBURN ST					
Operator _____			City NEWTON State MA Zip 02466			Vehicle Action Prior to Crash 11 21					
Insurance Company GOVERNMENT EMPLOYEE			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Driver Contributing Code 3 24 24			Underride/Override 25 Towed N					
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Operator/Non-Motorist See Above											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

12 JOHNSON ST

JOHNSON PL

Unit 1

Unit 2

N

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:

Operator of vehicle one Waste Management employee David Echeverria stated on 06/01/2020 at 12:11 hours he was driving MA com reg V36945 a 2009 Expedi trash truck south bound on Johnson Pl to pick up trash barbells. John Pl is a dead end public way in the city of Newton. Waste Management is contracted by the city of Newton to collect trash. Echeverria stated that since John Pl is a dead end it is common practice to back the truck in because making a three point turn at the end of the street would not be feasible. Echeverria stated that MA reg 3SH854 a 2012 Nissan was parked unoccupied facing north bound near 12 Johnson Pl. it should be noted that parking is only permitted on Johnson Pl by city of Newton issued permit only. Echeverria stated that while he backed his truck up the front passenger side bumper made contact with the Nissan's front driver's side quarter panel, front driver's side mirror and front driver's side tire. Owner of vehicle

(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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPT

06/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

two Mandar Kasture stated he parked his vehicle on Johnson Pl without a parking permit. Since Kasture's vehicle was illegally parked , I issued him a verbal warring. I took photos of both vehicles and turned the disk over to the NPD's IT bureau for downing loading.

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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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPARTM

06/01/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date