

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 10/13/2020	Time of Crash 15:42 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> 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:				
WESTWOOD											
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street								
At			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____				Mile Marker Exit Number				
WEBSTER											
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____				Route# Intersecting Roadway/Street				
Also at Intersection with											
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000595		
License # _____ St _____ DOB/Age _____			Reg # R46465			Reg Type COV			Reg State MA		
Sex _____ Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>19</u> CDL _____			Veh Year 2014			Veh Make MACK			Veh Config. <u>6</u> <u>20</u>		
Operator _____ Last _____ First _____ Middle _____			Owner WASTE MANAGEMET			Last _____ First _____ Middle _____					
Address _____			Address 100 HILL ST			Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City NORTON			State MA			Zip 02766		
Insurance Company ACE AMERICAN			Vehicle Action Prior to Crash <u>1</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N			Event Sequence <u>97</u> <u>22</u> <u>97</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>97</u> <u>23</u>			1 2 3 4 5 6 7 8 9 10 11			Totalled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			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 <input type="checkbox"/> N								
Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator See Above											
WATSON, BRANDON			99 SHARON RD (apt 507) DORCHESTER, MA 02124			M 97 99			3 0 99 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 # NBROS			Reg Type COM			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 GMC			Veh Config. <u>2</u> <u>20</u>		
Operator NICOLAZZO STEVEN			Owner NICOLAZZO BROS I			Last _____ First _____ Middle _____					
Address 183 WEBSTER ST			Address 183 WEBSTER ST			Last _____ First _____ Middle _____					
City NEWTON State MA Zip 02465			City NEWTON			State MA			Zip 02465		
Insurance Company ARBELLA			Vehicle Action Prior to Crash <u>11</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N			Event Sequence <u>3</u> <u>22</u> <u>99</u> <u>22</u> <u>22</u> <u>22</u>			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <u>3</u> <u>23</u>			1 2 3 4 5 6 7 8 9 10 11			Totalled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>								
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Please fill out for operator and all occupants involved											
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility											
Operator/Non-Motorist See Above											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Webster St

Westwood 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:

Reporting party states he is a garbage collector and was standing on the outside of vehicle #1 (trash truck) in the normal position used to jump off the truck, when he was struck by the opening door of vehicle #2. RP was on the rear passenger side ramp, and the trash truck was driving southbound on Westwood St right at Webster St. Vehicle #2 was reported to be parked on the side of the road when the reporting party was struck in the right arm. Medical attention was declined.

I spoke with the operator of vehicle #2 who told me that he was parked on the side of the road and saw the garbage truck approaching from the rear. Operator #2 states he did not open the door, and believes that the other involved party may have had his arm extended as it made contact with his vehicle.

Parties had already exchanged information prior to my arrival. Waste Management manager John Fogdiok (

(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 Did Not Occur
on a Public Way:

- ☐ Off-Street Parking Lot
☐ Garage
☐ Mall/Shopping Center
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

508-261-7228) is aware of the incident. No damage was sustained to either vehicle, and it is believed that the trash truck itself was not struck at all. Due to the conflicting statements, this report is for documentation and insurance purposes only at this time. All parties were advised and are satisfied.

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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

KELEIGH N DONAHUE

NEWTON POLICE DEPART

10/13/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date