

Police Use Only			Commonwealth of Massachusetts				RMV Document Number											
Date of Crash 10/18/2020		Time of Crash 13:27 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 30 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						
1 1	CENTRE ST												2					
	Route#		Direction		Name of Roadway/Street			Route#		Direction		Address #		Name of Roadway/Street			10	
					At									Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____				
2 1	Route#		Direction		Name of Intersecting Roadway/Street			Route#		Direction		Address #		Name of Intersecting Roadway/Street			11	
					Also at Intersection with									Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____			2	
3	Route#		Direction		Name of Intersecting Roadway/Street									Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants												<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 200000599				
4 1	License # --- St MA DOB/Age ---					Reg # 1PCE54				Reg Type PAN		Reg State MA		20				
	Sex M	Lic. Class D 18 18		Lic. Restrictions 9 19		CDL _____		Veh Year 2003		Veh Make JAGUAR		Veh Config. 1						
	Operator FELAITA ANDREW		Last First Middle		Owner (Same as operator)		Last First Middle											
5	Address 1749 PROVIDENCE RD					Address _____									12			
	City NORTHBRIDGE State MA Zip 01534					City _____ State _____ Zip _____												
	Insurance Company VERMONT MUTUAL					Vehicle Action Prior to Crash 1 21					Damaged Area Code: (Circle Up to Three)							
6 1	Vehicle Travel Direction: N S X W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2				3 4								
	Citation # (If Issued) _____					Most Harmful Event 1 23				10 Undercarriage								
	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 5 24 24				5 11 Totaled								
7 3	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed Y				6								
	Please fill out for operator and all occupants involved													13				
	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									1								
8 4	Operator					See Above												
9 3	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	
	License # --- St NY DOB/Age ---					Reg # JSC7837				Reg Type PAN		Reg State NY		20				
	Sex F	Lic. Class D 18 18		Lic. Restrictions 9 19		CDL _____		Veh Year 2017		Veh Make FORD		Veh Config. 2						
10 4	Operator STACHNIK KRISTEN		Last First Middle		Owner (Same as operator)		Last First Middle											
	Address 25 JAGGER LN					Address _____												
	City WHAMPTON State NY Zip 11977					City _____ State _____ Zip _____												
11 4	Insurance Company TRAVELERS					Vehicle Action Prior to Crash 2 21				Damaged Area Code: (Circle Up to Three)								
	Vehicle Travel Direction: N S X W Responding to Emergency? N					Event Sequence 1 22 22 22 22 2				3 4								
	Citation # (If Issued) _____					Most Harmful Event 1 23				10 Undercarriage								
12 4	Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____					Driver Contributing Code 1 24 24				5 11 Totaled								
	Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____					Underride/Override 25 Towed N				6								
	Please fill out for operator and all occupants involved													13				
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													
KELLEHER, BRENDAN					25 OLNEY ST WATERTOWN, MA 02472													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

400 CENTRE ST

CENTRE ST

CENTRE AVE

Unit 2

Unit 1

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

On October 18th, 2020 at approximately 13:27 hours while assigned to N491 I responded to a report of a two car crash at the intersection of Centre St at Centre Ave.

On my arrival I spoke with operator of vehicle #1 a red Jaguar, ma reg. 1dce54 identified as Andrew Felaita. He stated he was stopped behind vehicle #2 N/B at the intersection of Centre St @ Centre Ave. As vehicle #2 began to pull out into the intersection he looked to his left for any oncoming traffic on Centre Ave while simultaneously going forward. He then rear ended vehicle #2 as he didn't see that she had stopped again due to oncoming vehicles approaching E/B on Centre Ave.

Operator#2 stated she was stopped at the intersection of Centre St @ Centre Ave when she was rear ended by vehicle#1.

**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