Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Date of Crash	Time of Crash	City/Town
10/18/2020	13:59 24HR	NEWTON

Number Vehicles	Number Injured	
2	1	Speed Limit **30**

Latitude _____
Longitude _____

State Police ☐
Local Police ☒
MBTA Police ☐
Other:

< LOCATION >

AT INTERSECTION:

1 1

Route# ____ Direction ____ Name of Roadway/Street ____
At ____

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____
Also at Intersection with ____

2 1

Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

NOT AT INTERSECTION:

2 9

EAST **400** CENTRE STREET
Route# ____ Direction ____ Address # ____ Name of Roadway/Street ____

2 10

_____ Feet | N | S | E | W | of
_____ • _____ or _____
Mile Marker   Exit Number

_____ Feet | N | S | E | W | of

_____ Feet | N | S | E | W | of
Route# ____ Intersecting Roadway/Street ____

2 11

Landmark ____

3

☒ **Vehicle 1** **5** #Occupants   ☐ Hit/Run   ☐ Moped   Case Number   2000000600

4 1

License # **---**   St **MA**   DOB/Age **-- ----**
Sex **M**   Lic. Class **D** [18] [18]   Lic. Restrictions [**1**] [**19**]   CDL ____ Endorsment
Operator **GOHAR** (Last)   **FELAIT** (First)   (Middle)
Address **1749 PROVIDENCE RD**
City **NORTHBRIDGE**   State **MA**   Zip **01534**
Insurance Company **VERMONT MUTUAL INS**

5

Vehicle Travel Direction: N | S | ☒ | W
Responding to Emergency? **N**
Citation # (If Issued) ____
Violation 1: Ch____ Sec____   Violation 2: Ch____ Sec____

6 1

Violation 3: Ch____ Sec____   Violation 4: Ch____ Sec____

1 12

Reg # **26V320**   Reg Type **PAN**   Reg State **MA**
Veh Year **2008**   Veh Make **MERZ**   Veh Config. [**2**] [**20**]
Owner **(Same as operator)** (Last) (First) (Middle)
Address ____
City ____   State ____   Zip ____

Vehicle Action Prior to Crash [**1**] [**21**]
Event Sequence [**2**] [**22**] [ ] [**22**] [ ] [**22**] [ ] [**22**]
Most Harmful Event [**2**] [**23**]
Driver Contributing Code [**19**] [**24**] [ ] [**24**]
Underride/Override [ ] [**25**]   Towed **N**

Damaged Area Code: (Circle Up to Three)

```
        2       3       4
   (1)◄    [ 9 ]       5   10 Undercarriage
        8       7       6   11 Totaled
```

13 2

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	- - - - - - - -	- - -	99	4	99	0	0	10	1	
MILLER, FELAITA	1749 PROVIDENCE RD NORTHBRIDGE, MA 01534	-- -- ----	M	11	4	4	99	0	0	10	1	
FELAITA, MEYER	1749 PROVIDENCE RD NORTHFRIDGE, MA 015341	-- -- ----	M	11	4	4	99	0	0	10	1	
FELAITA, MARTIN	1749 PROVIDENCE RD NORTHBRIDGE, MA 01534	-- -- ----	M	11	4	4	99	0	0	10	1	

---

7 1

Please Select One of the Following: ☒ **Vehicle 2** **1** #Occupants   ☐ Non-Motorist A Type [**14**]   Action [**15**]   Location [**16**]   Condition [**17**]   ☐ Hit/Run   ☐ Moped

8 4

License # **---**   St **MA**   DOB/Age **-- ----**
Sex **M**   Lic. Class **D** [18] [18]   Lic. Restrictions [**1**] [**19**]   CDL ____ Endorsment
Operator **MCCARTHY** (Last)   **THOMAS** (First)   **J** (Middle)
Address **1321 WASHINGTON STREET**
City **NEWTON**   State **MA**   Zip **02465**
Insurance Company **SELF INSURED**

Vehicle Travel Direction: N | S | ☒ | W
Responding to Emergency? **N**
Citation # (If Issued) ____
Violation 1: Ch____ Sec____   Violation 2: Ch____ Sec____
Violation 3: Ch____ Sec____   Violation 4: Ch____ Sec____

Reg # **491**   Reg Type **MVN**   Reg State **MA**
Veh Year **2018**   Veh Make **FORD**   Veh Config. [**2**] [**20**]
Owner **NEWTON** (Last)   **CITY OF** (First)   (Middle)
Address ____
City ____   State ____   Zip ____

Vehicle Action Prior to Crash [**11**] [**21**]
Event Sequence [**1**] [**22**] [ ] [**22**] [ ] [**22**] [ ] [**22**]
Most Harmful Event [**1**] [**23**]
Driver Contributing Code [**1**] [**24**] [ ] [**24**]
Underride/Override [ ] [**25**]   Towed **Y**

Damaged Area Code: (Circle Up to Three)

```
        2       3       4
   1 ◄    [ 9 ]      (5)  10 Undercarriage
        8       7       6   11 Totaled
```

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/Non-Motorist	See Above	- - - - - - - -	- - -	1	4	99	0	0	8	2	ST. ELIZABETHS

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only			RMV Document Number

Date of Crash	Time of Crash	City/Town		Number Vehicles	Number Injured	Speed Limit __30__	State Police ☐
10/18/2020	13:59 24HR	NEWTON		2	1	Latitude _____ Longitude _____	Local Police ☒ MBTA Police ☐ Other:

< LOCATION >

AT INTERSECTION:

1
Route# ____ Direction ____ Name of Roadway/Street ____
At ____
Route# ____ Direction ____ Name of Intersecting Roadway/Street ____
Also at Intersection with ____

2
Route# ____ Direction ____ Name of Intersecting Roadway/Street ____

NOT AT INTERSECTION: 9   10

Route# ____ Direction ____ Address # ____ Name of Roadway/Street ____
____ Feet [N S E W] of ____ • ____ or ____
Mile Marker / Exit Number
____ Feet [N S E W] of ____
____ Feet [N S E W] of Route# ____ Intersecting Roadway/Street ____   11
Landmark

3
☒ Vehicle __5__ #Occupants ☐ Hit/Run ☐ Moped Case Number 2000000600

4
License # __---__ St __MA__ DOB/Age __-- ----__
Sex __M__ Lic. Class [D] [18] [18] Lic. Restrictions [1] [19] CDL ____ Endorsment
Operator __GOHAR__ (Last) __FELAIT__ (First) ____ (Middle)
Address __1749 PROVIDENCE RD__
City __NORTHBRIDGE__ State __MA__ Zip __01534__
Insurance Company __VERMONT MUTUAL INS__

Reg # __26V320__ Reg Type __PAN__ Reg State __MA__
Veh Year __2008__ Veh Make __MERZ__ Veh Config. [2] [20]
Owner ____ (Last) ____ (First) ____ (Middle)
Address ____
City ____ State ____ Zip ____

5
Vehicle Travel Direction: [N S ☒X W] Responding to Emergency? __N__
Citation # (If Issued) ____

Vehicle Action Prior to Crash [1] [21]
Event Sequence [2] [22] [22] [22] [22]
Most Harmful Event [2] [23]
Driver Contributing Code [19] [24] [24]
Underride/Override [25] Towed __N__

Damaged Area Code: (Circle Up to Three)
2 3 4
Ⓘ ← [9] 5 10 Undercarriage 11 Totaled
8 7 6

6
Violation 1: Ch____ Sec____ Violation 2: Ch____ Sec____
Violation 3: Ch____ Sec____ Violation 4: Ch____ Sec____

13
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	--------	---	---								
SEHA, ASENATH	1749 PROVIDENCE RD NORTHBRIDGE, MA 01534	-- -- ----	F	11	99	4	99	0	0	10	1	

7
Please Select One of the Following: ☐ Vehicle ___ #Occupants ☐ Non-Motorist A Type [14] Action [15] Location [16] Condition [17] ☐ Hit/Run ☐ Moped

8
License # ____ St ____ DOB/Age ____
Sex ____ Lic. Class [18] [18] Lic. Restrictions [19] CDL ____ Endorsment
Operator ____ (Last) ____ (First) ____ (Middle)
Address ____
City ____ State ____ Zip ____
Insurance Company ____

Reg # ____ Reg Type ____ Reg State ____
Veh Year ____ Veh Make ____ Veh Config. [20]
Owner ____ (Last) ____ (First) ____ (Middle)
Address ____
City ____ State ____ Zip ____

Vehicle Travel Direction: [N S E W] Responding to Emergency? ____
Citation # (If Issued) ____

Vehicle Action Prior to Crash [21]
Event Sequence [22] [22] [22] [22]
Most Harmful Event [23]
Driver Contributing Code [24] [24]
Underride/Override [25] Towed ____

Damaged Area Code: (Circle Up to Three)
2 3 4
1 ← [9] 5 10 Undercarriage 11 Totaled
8 7 6

Violation 1: Ch____ Sec____ Violation 2: Ch____ Sec____
Violation 3: Ch____ Sec____ Violation 4: Ch____ Sec____

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/Non-Motorist	See Above	--------	---	---								

Crash Diagram:

Direction → | 1 = Vehicle 1 | 2 = Vehicle 2 | Pedestrian

ie: → [1]   → [2]   → ☿

NOT TO SCALE

Centre Street

Unit 2

P.O.I.

400 Centre street

Unit 1

N ✦

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 number 1 stated when he exited his vehicle he realized it was not in park, at which time

the vehicle rolled approximately 8 feet into N491 while Officer McCarthy was typing a report.

The operator of vehicle number 2 stated he was parked typing a report when vehicle number 1 struck the rear

of his cruiser.

vehicle number 1 sustained minor front end damage

vehicle number 2 sustained moderate damage to the rear bumper

Officer Walsh took several pics of the damage.

Officer McCarthy was transported by the medics to NWH for further treatment due to back and neck pain.

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 [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]

STEPHEN H GIARDINA   NEWTON POLICE DEPARTMENT   **10/18/2020**

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

CDP1 11 ·24·00