

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/16/2020	Time of Crash 12:47 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	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:			
Route# Direction Name of Roadway/Street At			EAST 866 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number _____							
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Route# Intersecting Roadway/Street _____							
Route# Direction Name of Intersecting Roadway/Street			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000658	
License # --- St MA DOB/Age ---			Reg # K59138 Reg Type CON Reg State MA			Veh Year 1987 Veh Make INTERNATIONAL Veh Config. 6				
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL _____			Owner QUINN LAWRENCE W			Address 7 (apt. B) LINCOLN ST				
Operator QUINN CHRISTOPHER			City NEWTON State MA Zip 02458			City NATICK State MA Zip 01760				
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 21 22 22 22 22			Most Harmful Event 21 23			10 Undercarriage 5 11 Totaled	
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
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 See Above			-----			99 4 99 0 0 10 1				
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 --- DOB/Age ---			Reg # --- Reg Type --- Reg State ---			Veh Year --- Veh Make --- Veh Config. 20				
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner ---			Address ---				
Operator ---			City --- State --- Zip ---			City --- State --- Zip ---				
Insurance Company ---			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
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Operator/Non-Motorist See Above			-----			-----				

ROCCO D MARINI		13963	NEWTON POLICE DEPT#1		11/16/2020
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					

Crash Narrative:
the roadway in the normal path of travel for all vehicles.
Forestry arrived on scene cut up and disposed of the tree.
I took pictures of the crash site area that I will download at the I.T. Bureau
I advised Mr. Quinn of the process.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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