

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 11/25/2020	Time of Crash 15:01 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			NORTH 259 CENTRE 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 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 200000677	
License # --- St MA DOB/Age ---			Reg # MP491B Reg Type MVN Reg State MA			Veh Year 2018 Veh Make FORD Veh Config. 2			20	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Owner CITY OF NEWTON			Address 1321 WASHINGTON STREET			City NEWTON State MA Zip 02465	
Operator HATFIELD MARK			Operator CITY OF NEWTON			Address 1321 WASHINGTON STREET			City NEWTON State MA Zip 02465	
Insurance Company CITY OF NEWTON			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled	
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 1 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			Diagram			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			See Above			1 4 4 0 0 10 1				
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---			Reg # 8YYC650 Reg Type PAN Reg State MA			Veh Year 2020 Veh Make CADILLAC Veh Config. 2			20	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsment			Owner GRAVALESE LUCIA			Address 89 LOCKSLEY ROAD			City LYNNFIELD State MA Zip 01940	
Operator D'AGOSTINO FRANK			Operator GRAVALESE LUCIA			Address 89 LOCKSLEY ROAD			City LYNNFIELD State MA Zip 01940	
Insurance Company ARBELLA MUTUAL INSURANCE			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			10 Undercarriage 5 11 Totaled	
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 19 24 24	
Citation # (If Issued) _____			Underride/Override 25 Towed N			Diagram			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			99 4 4 0 0 10 1				

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**NOT TO SCALE**

Starbucks  
259 Centre Street

If Crash Did Not Occur  
on a Public Way:

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

Indicate North by Arrow

↓ N

**Crash Narrative:**

Operator 1 stated that he was parked in a designated parking space in the lot of 259 Centre street when he viewed mv#2 backing up and getting close to mv#1. Operator #1 stated that he beeped his horn to alert mv#2. Mv#2 then struck the front passenger side of mv#1.

Operator of mv#2 stated that he was backing up and did not realize that mv#1 was still parked there, he had believed the vehicle had moved. Mv#2 struck mv#1 with the rear of the passenger side.

No injuries. Minor damage and paint transfer. All vehicle could be driven from the scene.

Photos taken.

**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

MELANIE A ROONEY

NEWTON POLICE DEPT

11/25/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date