

|   |  |                                |                               |  |  |                                      |                     |                         |                        |   |  |  |  |
|---|--|--------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|-------------------------|------------------------|---|--|--|--|
| Police Use Only   |  |                                | Commonwealth of Massachusetts |  |  |                                      | RMV Document Number |                         |                        |   |  |  |  |
| Date of Crash<br>12/02/2020   |  | Time of Crash<br>09:54<br>24HR |                               | City/Town<br>NEWTON  |  | Motor Vehicle Crash<br>Police Report |                     | Number<br>Vehicles<br>2 | Number<br>Injured<br>0 | Speed Limit 25<br>Latitude _____<br>Longitude _____ |  | State Police <input type="checkbox"/><br>Local Police <input checked="" type="checkbox"/><br>MBTA Police <input type="checkbox"/><br>Other: <input type="checkbox"/> |  |
| AT INTERSECTION:  |  |                                |                               | < LOCATION >   |  | NOT AT INTERSECTION:                 |                     |                         |                        |   |  | 9  |  |
| Route# Direction Name of Roadway/Street<br>At                                     |  |                                |                               | EAST 285 NEWTONVILLE AVE<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of _____ • _____ or _____<br>Mile Marker Exit Number   |  |                                      |                     |                         |                        |   |  | 2  |  |
| Route# Direction Name of Intersecting Roadway/Street<br>Also at Intersection with |  |                                |                               | Feet N S E W of _____<br>Route# Intersecting Roadway/Street  |  |                                      |                     |                         |                        |   |  | 10   |  |
| Route# Direction Name of Intersecting Roadway/Street                              |  |                                |                               | Feet N S E W of _____<br>Landmark  |  |                                      |                     |                         |                        |   |  | 11   |  |
| 3   |  |                                |                               | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 200000693   |  |                                      |                     |                         |                        |   |  | 5  |  |
| 1   |  |                                |                               | License # --- St MA DOB/Age --- Reg # M92231 Reg Type MVN Reg State MA<br>Sex M Lic. Class B 18 18 Lic. Restrictions A 19 CDL _____ Veh Year 2015 Veh Make FRHT Veh Config. 13 20<br>Operator SAULNIER BRIAN Owner CITY OF NEWTON H<br>Address 1000 COMMONWEALTH AVE Address 74 ELLIOT ST<br>City NEWTON State MA Zip 02459 City NEWTON State MA Zip 02459<br>Insurance Company SELF Vehicle Action Prior to Crash 3 21 Damaged Area Code: (Circle Up to Three)<br>Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence 2 22 22 22 22 2<br>Citation # (If Issued) _____ Most Harmful Event 2 23<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code 12 24 24<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override 25 Towed N 8 |  |                                      |                     |                         |                        |   |  | 12   |  |
| 5   |  |                                |                               | Please fill out for operator and all occupants involved  |  |                                      |                     |                         |                        |   |  | 13   |  |
| 6   |  |                                |                               | 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<br>Operator See Above ----- --- 1 4 99 0 0 10 1  |  |                                      |                     |                         |                        |   |  | 2  |  |
| 7   |  |                                |                               | Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped  |  |                                      |                     |                         |                        |   |  |  |  |
| 8   |  |                                |                               | License # --- St DOB/Age --- Reg # K5245 Reg Type PAR Reg State MA<br>Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year 2017 Veh Make BMW Veh Config. 2 20<br>Operator _____ Owner JAFFE DANIEL<br>Address _____ Address 155 MONADNOCK RD<br>City _____ State MA Zip 02467 City NEWTON State MA Zip 02467<br>Insurance Company SAFTY Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)<br>Vehicle Travel Direction: N S E X Responding to Emergency? N Event Sequence 1 22 22 22 22 2<br>Citation # (If Issued) _____ Most Harmful Event 1 23<br>Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Driver Contributing Code 1 24 24<br>Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ Underride/Override 25 Towed N 8                                |  |                                      |                     |                         |                        |   |  |  |  |
|   |  |                                |                               | 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<br>Operator/Non-Motorist See Above ----- ---   |  |                                      |                     |                         |                        |   |  |  |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

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 #1 City of Newton DPW employee Daniel Saulnier stated that on 12/02/2020 at 09:54 hours he was driving a City of Newton dump truck ( 2015 Freightliner MA reg MVN M9224 ) on Albany St near the driveway the runs between 281 Newtonville Ave and 285 Newtonville Ave. Saulnier stated that there were cars parked horizontally at the rear of 281 Newtonville Ave as well as two cars that were parked vertically behind the horizontal parked cars. Saulnier also stated that there was an electrical box at the north west corner of 285 Newtonville Ave. Saulnier stated that vehicle #2 ( MA par reg K5245 2017 BMW SUV ) was parked unoccupied facing east. Saulnier stated that due to the congestion caused by the vertically parked cars and the electrical box, the front driver's side of his truck's bumper made contact with the rear passenger side of vehicle two. Vehicle #1 had small scuff marks on it's driver's side front bumper. Vehicle

(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

MICHAEL A MCSWEENEY      NEWTON POLICE DEPT      12/02/2020

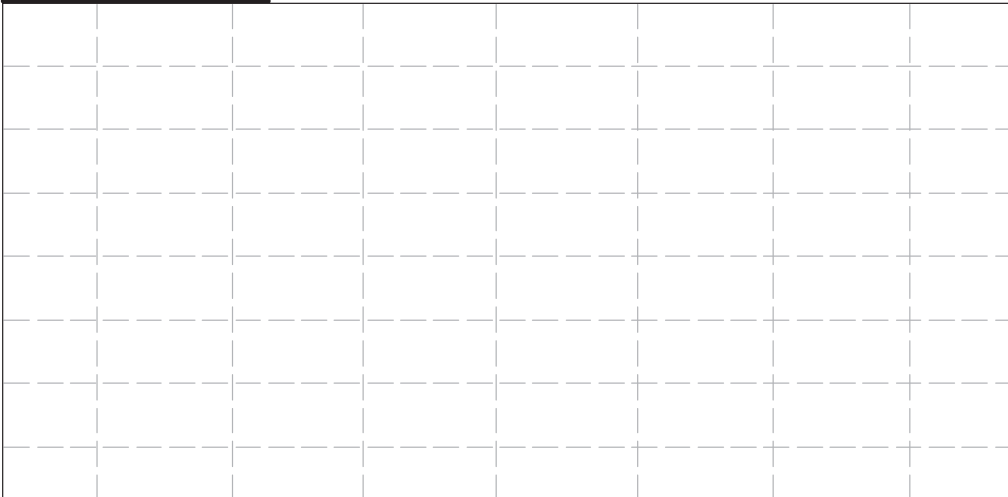
Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 → Pedestrian



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:**

#2 had scrapes to it's rear passenger side . Saulnier stated that he was not injured in the crash and neither vehicle required a tow. I took photos of both vehicles and had the disk downloaded by the NPD'S IT bureau.

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**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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

12/02/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date