

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/17/2020	Time of Crash 23:00 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
<b>AT INTERSECTION:</b>			< <b>LOCATION</b> >		<b>NOT AT INTERSECTION:</b>					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			SOUTH HAMMOND ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			150 FT Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of BEACON ST Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____							
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000749			
License # _____ St MA DOB/Age _____			Reg # 8JK172		Reg Type PAN		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2019		Veh Make TOYOTA		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator MASCIOLI CARL Last First Middle			Owner (Same as operator)		Last First Middle		Address _____			
Address 10 DONOVAN DR			City FRAMINGHAM		State MA Zip 01701		City _____ State _____ Zip _____			
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N			Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23		1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed Y					
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 1 0 0 10 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # N95114		Reg Type CON		Reg State MA			
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> B <input type="checkbox"/> 19 CDL _____			Veh Year 2017		Veh Make FORD		Veh Config. <input type="checkbox"/> 2 <input type="checkbox"/> 20			
Operator PANAGGIO PAQUALE Last First Middle			Owner NICOLAZZO JOHN AND SON Last First Middle		Address 39 (apt. 19) EMERSON RD		City WALTHAM State MA Zip 02451			
Address 55 FARWELL ST (apt. 9)			City NEWTON		State MA Zip 02460		City _____ State _____ Zip _____			
Insurance Company HARTFORD ACCIDENT			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <input type="checkbox"/> N			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22		2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		10 Undercarriage			
Citation # (If Issued) T208075			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23		1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		5 11 Totaled			
Violation 1: Ch 90/23/T Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24		Underride/Override <input type="checkbox"/> 25 Towed N					
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			-----		---		1 4 4 0 0 10 1			

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Hammond St

Beacon St

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:**

Based on statements and observations made, the following occurred.

M/V#1 was stopped on Hammond St. approx. 100 feet north of Beacon St. waiting for his passenger. M/V#2 traveling south on Hammond St. attempted to pass M/V#1 on the left, and struck the right rear of M/V#1 causing minor damage. Both operators agreed to pull into 325 Beacon St. where there was enough room to exchange information, when it was discovered that operator #2's D/L was suspended. (See NPD Report #20056456)

**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

STEVEN C EMMANUEL

NEWTON POLICE DEPART

12/18/2020

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date