

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/21/2020		Time of Crash 14:13 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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:						9	
Route# Direction Name of Roadway/Street At				SOUTH 8 CRAGMORE RD Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												4	
<input checked="" type="checkbox"/> Vehicle 1 3 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 200000759					3
License # --- St MA DOB/Age ---				Reg # MF470 Reg Type MVN Reg State MA									2
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007 Veh Make PRCA Veh Config. 7 20									12
Operator PAPIA JONATHAN J				Owner FIRE DEPT CITY OF NEWTON									1
Address 1164 CENTRE STREET				Address 1164 CENTRE ST									
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459									
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 2 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 2 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved													13
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									2
Operator See Above				N/A									
VENDITTI, MATTHEW, J 1164 CENTRE STREET NEWTON, MA 02459				N/A									
FRANKS, ZACHARY 1164 CENTRE STREET NEWTON, MA 02459				N/A									
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													
License # --- St DOB/Age ---				Reg # 1JTC19 Reg Type PAN Reg State MA									
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2008 Veh Make HONDA Veh Config. 1 20									
Operator _____				Owner HANDHAL SAIF S									
Address _____				Address 3 (apt. W FRONT) MONTICIELLO DRIVE									
City _____ State _____ Zip _____				City WORCESTER State MA Zip 01603									
Insurance Company GEIKO				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22				10 Undercarriage					
Citation # (If Issued) _____				Most Harmful Event 1 23				5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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													

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

Unit 1

Unit 2

Cragmore Road

8 CRAGMORE RD

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:

On Monday, December 21, 2020, while assigned to Traffic unit N525, I responded to 8 Cragmore Road, Newton for a report of a motor vehicle crash involving a City of Newton Fire apparatus. Cragmore Road is a public way maintained by the City of Newton. The weather at the time of the crash was cloudy. The road surface was wet from melting snow in the area.

The operator of MV1, Jon Papia, stated he was operating City of Newton Fire Engine 7 (MA MVN: MF470) Southbound on Cragmore Road. As MV1 travelled past 8 Cragmore Road, it's passenger side made contact with the front driver side area of MV2 (MA: 1JTC19). The Honda Accord was parked and unoccupied at the time of the crash. The registered owner was made aware of the crash and advised.

I observed no damage to the passenger side of MV1. I observed damage to the front driver side of MV2.

(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

