

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 01/27/2021	Time of Crash 02:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>15</u> 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 _____			SOUTH 55 SACO 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 _____				2 9				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____				2 10				
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____				11 3				
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000058		
License # _____ St MA DOB/Age _____			Reg # MB4227 Reg Type MVN Reg State MA			Veh Year 2012 Veh Make FORD Veh Config. 13 20			4 1		
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Owner CITY OF NEWTON DPW			Address 110 CRAFTS ST			1 12		
Operator PORCENA GESNELE			City NEWTON State MA Zip 02119			City NEWTON State MA Zip 02458			5 2		
Address 143 MORELAND STREET			Insurance Company CITY OF NEWTON			Vehicle Action Prior to Crash 1 21			6 3		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Damaged Area Code: (Circle Up to Three)			13 2		
Citation # (If Issued) _____			Most Harmful Event 2 23			Driver Contributing Code 1 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved										13 2	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			-----			---		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>0</u> #Occupants										14 15 16 17	
<input type="checkbox"/> Non-Motorist A Type _____										<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	
License # _____ St _____ DOB/Age _____			Reg # 1BSR31 Reg Type PAN Reg State MA			Veh Year 2021 Veh Make HONDA Veh Config. 1 20			8 1		
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Owner MARSH KENNETH			Address 55 SACO STREET					
Operator _____			City NEWTON State MA Zip _____			Vehicle Action Prior to Crash 11 21			13 2		
Address _____			Insurance Company SAFETAY INSURANCE COMPANY			Event Sequence 1 22 22 22 22			14 15 16 17		
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			15 16 17 18		
Citation # (If Issued) _____			Underride/Override 25 Towed N			10 Undercarriage 5 11 Totaled			19 20 21 22		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____									23 24 25 26		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____									27 28 29 30		
Please fill out for operator and all occupants involved										31 32 33	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator/Non-Motorist			See Above			-----			---		

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

55 SACO ST

UNIT 1
PLOW

UNIT 2

NOT TO SCALE

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:

MV 1 was plowing the parking lot of 55 Saco St when he struck the left rear of MV 2. MV 2 was parked in a parking spot and struck by MV 1. MV 1 sustained no damage to the truck or plow. MV 2 sustained minor damage to the left rear light and bumper. MV 1 is a plow truck owned by the City of Newton. Photos were taken of both vehicles and the scene with the camera in N495 and turned into IT.

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

DONALD MURPHY

NEWTON POLICE DEPT

01/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date