

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/27/2021	Time of Crash 12:19 24HR	City/Town NEWTON	Number Vehicles 3	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 275 CENTRE ST				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____				Feet N S E W of _____ Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____				Landmark _____				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000059		
License # --- St MA DOB/Age ---			Reg # 187NH5 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2011 Veh Make TOYOTA Veh Config. 2 20		
Operator SALVAGGIO FRANCIS			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 31 LOVELAND ROAD			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company SAFETY INSURANCE			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 1 24 24		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Please fill out for operator and all occupants involved			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			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			Operator			See Above		
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 # PRTS Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2010 Veh Make CADILLAC Veh Config. 2 20		
Operator SENEAL PAUL R			Owner (Same as operator)			Address _____			City _____ State _____ Zip _____		
Address 345 CLINTON ROAD			Address _____			City _____ State _____ Zip _____			Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)		
Insurance Company BANKERS STANDARD INS			Event Sequence 2 22 22 22 22			Most Harmful Event 2 23			Driver Contributing Code 19 24 24		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Underride/Override 25 Towed N			Citation # (If Issued) _____			10 Undercarriage 5 11 Totaled		
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Operator/Non-Motorist			See Above			Operator/Non-Motorist			See Above		



→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

NOT TO SCALE

275

Unit 1

Unit 2

Unit 3

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:**

On 01/27/2021, while assigned to N491, I, Officer Conary, responded to the 275 Centre Street for a minor motor vehicle accident. Upon arrival, I was met by Operator of MV3, who stated that he was driving Northbound on Centre Street in the far right lane.

MV2 began to enter his lane of traffic to take a right turn into Brigham and Women's. At this time, MV3 thought MV2 was going to hit him so MV3 hit parked MV1.

I spoke with Operator of MV2 who stated that he was traveling Northbound on Centre Street in the left side lane. Operator of MV2 merged into the far right lane to take right turn. He stated he did not see MV3 nor did he hit anyone. Operator of MV3 confirmed that MV2 did not hit another vehicle.

I spoke to the owners of MV1 and they stated that the damage was minor and that they did not want to contact

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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

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

KRISTINA CONARY

NEWTON POLICE DEPT.

01/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

insurance. There was minor damage to the left front bumper. Operator of MV3 wanted an accident report due to the minor damage on the right side of his vehicle. All parties involved were asked if they needed medical attention in which the declined. All motor vehicles were driven from scene without issue.

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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

KRISTINA CONARY

NEWTON POLICE DEPART

01/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date