

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/28/2021		Time of Crash 18:45 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street				SOUTH 21		COTTAGE PL						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker Exit Number							
				Feet N S E W of		Route# Intersecting Roadway/Street						11	
Feet N S E W of		Landmark						99					
3		<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000065					
4		License # St DOB/Age		Reg # 1YK568		Reg Type PAN		Reg State MA					
1		Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment		Veh Year 2014		Veh Make FORD		Veh Config. 1 20					
		Operator Last First Middle		Owner MACLELLAN SARAH E		Address 21 COTTAGE PL						12	
		City State Zip		City W. NEWTON		State MA Zip 02465							
5		Insurance Company SAFECO INSURANCE OF AMERICA		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 2 22 22 22 22		Most Harmful Event 2 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N			
6		Citation # (If Issued)		Violation 1: Ch Sec Violation 2: Ch Sec		Violation 3: Ch Sec Violation 4: Ch Sec							
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													
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 # Reg Type Reg State	
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment												Veh Year Veh Make Veh Config. 20	
Operator Last First Middle												Owner Last First Middle	
Address												Address	
City State Zip												City State Zip	
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Underride/Override 25 Towed												6	
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:

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:

Owner of vehicle 1 states it was parked, unoccupied in front of 21 Cottage Pl. A loud noise was heard. Owner of vehicle 1 checked vehicle and noticed left rear had new scratches and dents. It should be noted owner of vehicle 1 saw an amazon delivery van driving down the street after loud noise was heard. Owner of vehicle 1 called amazon to file claim and obtain delivery/GPS locations. Owner of vehicle 1 called their insurance company, who then requested a police report be filed.

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

ALLAN L. CICCONE, III

NEWTON POLICE DEPARTMENT

01/28/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date