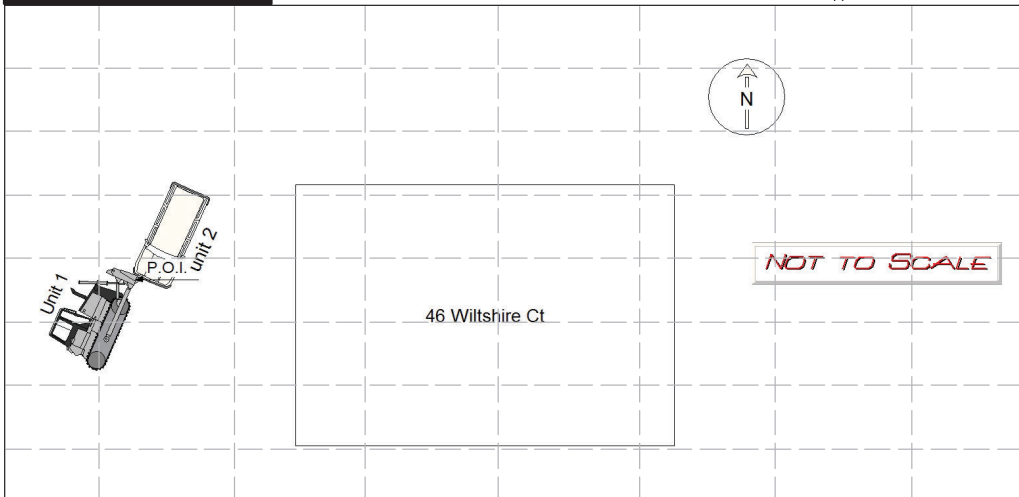


Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/02/2021		Time of Crash 02:15 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____		State Police <input type="checkbox"/> 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				NORTH		WILTSHIRE CT						2	
				Route# Direction Address #		Name of Roadway/Street						10	
				Feet N S E W of		Mile Marker or Exit Number						3	
				Feet N S E W of		JACKSON ST						11	
Route# Direction Name of Intersecting Roadway/Street				Route#		Intersecting Roadway/Street						12	
Route# Direction Name of Intersecting Roadway/Street						Landmark						13	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000078						2	
License # --- St MA DOB/Age ---				Reg # SR4313		Reg Type CON		Reg State MA		20			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2001		Veh Make KOMA		Veh Config. 10		21			
Operator FORTE ERIC M				Owner ANTONELLIS CONSTRUCTION INC.						22			
Address 18 BARRIEAU COURT				Address 26 LENGLEN RD						23			
City NEWTON State MA Zip 02460				City NEWTON State MA Zip 02458						24			
Insurance Company ARBELLA PROTECTION INSURANCE				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)				25			
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage		26			
Citation # (If Issued)				Most Harmful Event 2 23		1 24 24		5 11 Totaled		27			
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N				28			
Violation 3: Ch Sec Violation 4: Ch Sec										29			
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 3 0 0 10 1					
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 # J1977		Reg Type PAN		Reg State MA		20			
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment				Veh Year 2018		Veh Make GMC		Veh Config. 1		21			
Operator				Owner LATANOWICH CHARLES						22			
Address				Address 46 WILTSHIRE CT						23			
City State Zip				City NEWTON State MA Zip 02458						24			
Insurance Company THE COMMERCE INSURANCE COMPANY				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)				25			
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		3 4		10 Undercarriage		26			
Citation # (If Issued)				Most Harmful Event 1 23		1 24 24		5 11 Totaled		27			
Violation 1: Ch Sec Violation 2: Ch Sec				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N				28			
Violation 3: Ch Sec Violation 4: Ch Sec										29			
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 3 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    → Pedestrian



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 driveway of 46 Wiltshire Ct when the vehicle slid on some ice on the surface and temporarily lost control. MV 1 slid into the right front of MV 1. MV 2 was parked in the driveway. MV 1 is construction vehicle owned by Antone Construction Company contracted by the City of Newton. Photos of both vehicles were taken and placed into IT.

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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

DONALD MURPHY

NEWTON POLICE DEPART

02/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date