

## Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/02/2021	Time of Crash 12:04 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>
<b>AT INTERSECTION:</b>			<b>&lt; LOCATION &gt;</b>				<b>NOT AT INTERSECTION:</b>			
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			EAST 232 LINWOOD AVE 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 _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000158	
License # _____ St MA DOB/Age _____			Reg # AE56270			Reg Type APP			Reg State AZ	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012			Veh Make GMC			Veh Config. 6 20	
Operator MATA MARCO Last First Middle			Owner UHAUL OF ARIZON/ Last First Middle							
Address 14 COLONIAL AVE			Address 2727 N CENTRAL AVE							
City NEWTON State MA Zip 02456			City PHOENIX State AZ Zip 85004							
Insurance Company REPWEST INSURANCE COMPANY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 2 22 22 22 22			8			10 Undercarriage	
Citation # (If Issued) 920282AA			Most Harmful Event 2 23			1			5 11 Totaled	
Violation 1: Ch 19/75 Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			8				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			7 6				
Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB		Sex	26 Seat Pos.	27 Safety System
Operator			See Above			-----		---	---	99 4
MICHEL, DONOVAN, T			75 WHEELER CIRCLE (apt 117) STOUGHTON, MA 02072			-----		M	2	99 4
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 # 98FL41			Reg Type PAN			Reg State MA	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2015			Veh Make FORD			Veh Config. 2 20	
Operator _____ Last First Middle			Owner BOUDREAU JEFFREY EDWARD Last First Middle							
Address _____			Address 232 LINWOOD STREET							
City _____ State _____ Zip _____			City NEWTON State MA Zip 02460							
Insurance Company GEIKO			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 1 23			1			5 11 Totaled	
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Please fill out for operator and all occupants involved										
Name (Last First Middle)			Address			Age/DOB		Sex	26 Seat Pos.	27 Safety System
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:**

On Tuesday, March 2, 2021 while assigned to Traffic unit N525, I responded to the area of Colonial Avenue with Newton unit N491 for a report of a hit and run that just occurred on Linwood Avenue. The reporting party stated a U-Haul (AZ reg: AE56270) was observed hitting the driver side door mirror of a pick up truck parked in front of 232 Linwood Avenue, Newton and leaving the area. Linwood Avenue and Colonial Avenue are both public ways maintained by the City of Newton.

Officer Lazarakis located this vehicle in front of 14 Colonial Avenue. The operator of the U-haul was identified as Mr. Marco Mata (S16461888). Mr. Mata stated he was unaware the vehicle he was operating made contact with the other vehicle. Mr. Mata stated the vehicle is large and he believed the noise he heard was ice falling off the vehicle. I observed minor damage to the passenger side door mirror of MV1. Mr. Mata

(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 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

MICHAEL R GAUDET

NEWTON POLICE DEPART

03/02/2021

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:**

was advised and cited with Massachusetts Uniform Citation 920282AA for Newton City Ordinance Chapter 19,  
Section 75 (Fail To Use Care). No injuries reported by Mr. Mata or his passenger Mr. Donovan Michel  
(SA3950535)

The registered owner of MV2, Mr. Jeffrey Boudreau, was advised. I observed moderate damage to the  
driver side door mirror of MV2.

**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

MICHAEL R GAUDET

NEWTON POLICE DEPART

03/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date