

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 03/11/2021		Time of Crash 20:35 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 5 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				EAST 111 NEEDHAM ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of _____ Route# Intersecting Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Landmark								11	
3				<input checked="" type="checkbox"/> Vehicle 1 # Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped Case Number 210000174								7	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL _____ Operator PIPKO MATTHEW Address 11 DORCAR RD City NEWTON State MA Zip 02467 Insurance Company THE HANOVER INS				Reg # 2JCM77 Reg Type PAN Reg State MA Veh Year 2020 Veh Make HONDA Veh Config. 2 20 Owner HONDA LEASE TRU! Address 600 KELLY WAY City HOLYOKE State MA Zip 01040 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								12	
5				Please fill out for operator and all occupants involved								13	
6				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 ----- - - - - - 10 1								2	
7				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								1	
8				License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								99	
9				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 20 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three) Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____								13	
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→ 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:

Based on observations and statements made, the following occurred.

M/V#1 was parked in the east side parking lot of 111 Needham St. while the operator was inside McDonalds working. M/V#2 was parked across from M/V#1 facing west. M/V#2 backed up, struck the rear of M/V#1 and drove away.

Lorne Dison witnessed the accident, and described M/v#2 as silver colored SUV, possibly a Honda CRV. He was unable to get a plate number, but described the occupants, as two white males, both approx. 5'9" tall.

There appeared to be minor damage to the rear trunk lid of M/V#1

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DISON, LORNE,	39 SOUTH ST AVON, MA 02322	-----	N

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

STEVEN C EMMANUEL

NEWTON POLICE DEPT.

03/11/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date