Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
03/16/2021	06:38 24HR	NEWTON	2	0	30	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 2 — Route# EAST Direction CHESTNUT ST Name of Roadway/Street

At

Route# SOUTH Direction ELLIOT ST Name of Intersecting Roadway/Street

Also at Intersection with

2 1 — Route# Direction Name of Intersecting Roadway/Street

Route# Direction Address # Name of Roadway/Street

2 9 — Feet N S E W of ___ ___ ___ • ___ or ___ Mile Marker Exit Number

2 10 — Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

2 11

3 1 — ☒ Vehicle 1 1 #Occupants ☐ Hit/Run ☐ Moped Case Number 2100000184

License # --- St MA DOB/Age -- -- ---- Reg # 4WX249 Reg Type PAN Reg State MA

Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2014 Veh Make TOYOTA Veh Config. 1 20

4 3 — Operator PETTIGLIO (Last) THOMAS (First) (Middle) Owner (Same as operator) (Last) (First) (Middle) 1 12

Address 14 BURNSIDE RD Address

City NEEDHAM State MA Zip 02494 City State Zip

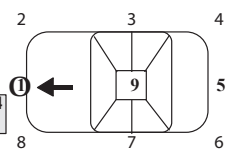
Insurance Company PLYMOUTH ROCM Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

5 1 — Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch 90/13B Sec Violation 2: Ch Sec Driver Contributing Code 19 24 24

6 1 — Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed Y



10 Undercarriage
11 Totaled

Please fill out for operator and all occupants involved 1 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
Operator	See Above	- - - - - - - -	- - -	- - -	1	4	99	0	0	10	1	

7 2 — Please Select One of the Following: ☒ Vehicle 2 1 # Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ---- Reg # C185 Reg Type PAN Reg State MA

Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Veh Year 2016 Veh Make JEEP Veh Config. 1 20

8 2 — Operator BROGAN (Last) THERESA (First) (Middle) Owner BROGAN (Last) DANIEL (First) (Middle)

Address 86 OAK ST Address 86 OAK ST

City HOLLISTON State MA Zip 01746 City HOLLISTON State MA Zip 01746

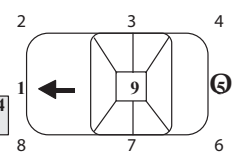
Insurance Company COMMERCE Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)

Vehicle Travel Direction: N S ☒ W Responding to Emergency? N Event Sequence 1 22 22 22 22

Citation # (If Issued) Most Harmful Event 1 23

Violation 1: Ch Sec Violation 2: Ch Sec Driver Contributing Code 1 24 24

Violation 3: Ch Sec Violation 4: Ch Sec Underride/Override 25 Towed N



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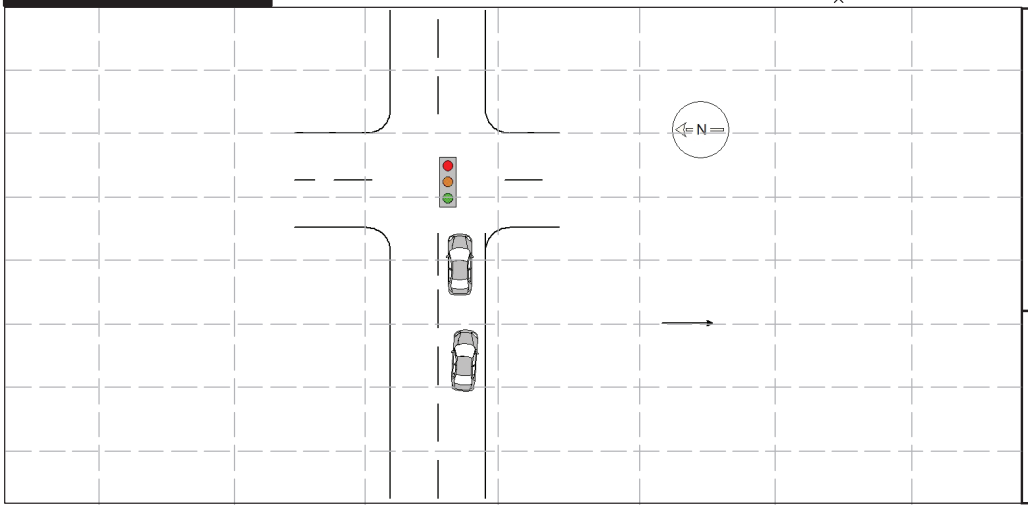
Name (Last First Middle)	Address	Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	1	4	99	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

MV1 was heading East on Chestnut St. when upon looking up from his phone rear ended MV2 at the intersection of Chestnut St. and Elliot St. No one was injured and MV1 was given a written warning for using their phone (citation #2014393). Both drivers of MV1 and MV2 stated they were fine and refused medical attention. MV2 was able to be driven. MV1 was towed by Todys.

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]

JEREMY FAY			NEWTON POLICE DEPARTM		03/16/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00