

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/09/2021		Time of Crash 12:48 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	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 _____				WEST 1298 WASHINGTON 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 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000250			3
1				License # _____ St MA DOB/Age _____		Reg # 609Q		Reg Type PAN		Reg State MA		2	
4				Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____		Veh Year 2004		Veh Make TOYT		Veh Config. 1 20		12	
1				Operator GIGLIOTTI ANTONIETTA Last First Middle		Owner (Same as operator)		Last First Middle		Address _____		1	
5				Address 40 TWITCHELL ST		City _____		State MA Zip 02482		Vehicle Action Prior to Crash 10 21		13	
6				Insurance Company QUINCY MUTUAL		Event Sequence 20 22 21 22 2 22 22		Damaged Area Code: (Circle Up to Three)		10 Undercarriage		2	
1				Vehicle Travel Direction: [N][S][E][X] Responding to Emergency? N		Most Harmful Event 2 23		Driver Contributing Code 99 24 24		Underride/Override 25 Towed Y		11	
1				Citation # (If Issued) _____		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram		13	
1				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		Diagram		2	
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		13	
8				License # _____ St _____ DOB/Age _____		Reg # 3HA767		Reg Type PAN		Reg State MA		13	
1				Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____		Veh Year 2013		Veh Make MAZD		Veh Config. 1 20		13	
1				Operator _____ Last First Middle		Owner PELLEGRINI PAULA Last First Middle		Address 25 GREEN ST		City NEWTON State MA Zip 02458		13	
1				Address _____		Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)		Diagram		13	
1				City _____ State _____ Zip _____		Event Sequence 1 22 22 22 22		Most Harmful Event 1 23		Driver Contributing Code 1 24 24		13	
1				Insurance Company STANDARD FIRE INS		Underride/Override 25 Towed Y		Diagram		Diagram		13	
1				Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? N		Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____		Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____		Diagram		13	
1				Citation # (If Issued) _____		Operator/Non-Motorist See Above		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		Diagram		13	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Washington Street

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:

The operator of MV#1 stated that she was attempting to parallel park her MV in front of #1298 Washington St when somehow her MV accelerated while backing up. MV#1 then struck the curb, the MV parked and unoccupied behind her and then ran over a small newly planted tree.

No injuries and MV#1 was towed from the scene by Tody's.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
NEWTON, CITY OF,	1000 COMMONWEALTH AVE NEWTON, MASSACHUSETTS 02		3	CITY OWNED TREE WAS DAMAGED

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

GEORGE M CLAFLIN

NEWTON POLICE DEPART

04/09/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date