

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/14/2021		Time of Crash 18:30 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				NORTH 1321 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				50FT Feet N S E W of _____ 100FT Feet N S E W of _____ CHERRY ST Route# Intersecting Roadway/Street NEWTON POLICE DEPARTMENT Landmark								10	
Route# Direction Name of Intersecting Roadway/Street												11	
3 1 <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped				Case Number 2100000265								3	
License # --- St MA DOB/Age ---				Reg # 5FE741 Reg Type PAN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL _____				Veh Year 2008 Veh Make STRN Veh Config. 1 20								1	
Operator LIDONNI OSCAR O				Owner (Same as operator)									
Address 239 WATERTOWN ST				Address _____									
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____									
Insurance Company COMMERCE				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 3 4									
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									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33								13	
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator See Above --- 1 4 4 0 0 10 1								1	
Operator													
7 1 Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #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 MA DOB/Age ---				Reg # 2TY594 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2008 Veh Make TOYT Veh Config. 1 20									
Operator IGOE BRIAN				Owner (Same as operator)									
Address 236 ASH ST (apt. 1)				Address _____									
City WALTHAM State MA Zip 02453				City _____ State _____ Zip _____									
Insurance Company ALLSTATE				Vehicle Action Prior to Crash 6 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 3 4									
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 4 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33									
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility				Operator/Non-Motorist See Above --- 1 4 4 0 0 10 1									
Operator/Non-Motorist													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**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:**

MV1 was turning left from Washington St onto Cherry St heading NORTHBOUND. MV2 was entering traffic onto Cherry St from the Cherry St Municipal parking lot turning left heading NORTHBOUND. MV2 entered the traffic lane as a southbound MV waved him on to go. MV1 was unaware of this and continued driving in his lane northbound when it was struck by MV2 on its drivers side door. MV2 was damaged on its passenger front bumper area. No injuries reported. All vehicles were driveable and safely left the scene.

**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

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

ALEX N KANE	38800	NEWTON POLICE DEPART	04/14/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date