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	Latitude	Longitude	
06/04/2021	07:09 24HR	NEWTON	1	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

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

1 / 1 — Route# | Direction | Name of Roadway/Street
At
Route# | Direction | Name of Intersecting Roadway/Street
Also at Intersection with
2 / 1 — Route# | Direction | Name of Intersecting Roadway/Street

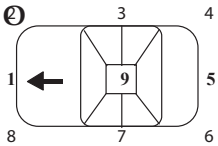
2 / 9 — Route# NORTH | Direction | Address # 35 | Name of Roadway/Street ELLIOT ST
2 / 10 — _____ Feet [N S E W] of ___ ___ ___ • ___ Mile Marker or _____ Exit Number
_____ Feet [N S E W] of Route# | Intersecting Roadway/Street
3 / 11 — _____ Feet [N S E W] of Landmark

3 — ☒ Vehicle 1 | 1 #Occupants | ☐ Hit/Run | ☐ Moped | Case Number 2100000399

4 / 1 — Operator: CERASUOLO (Last) PASQUALE (First) (Middle)
License # --- St MA DOB/Age -- -- ----
Sex M | Lic. Class D (18) (18) | Lic. Restrictions 1 (19) | CDL Endorsment
Address: 2 MESSINA ST
City: MILFORD State MA Zip 01757
Insurance Company: BANKERS STANDARD INSURANCE
5 — Vehicle Travel Direction: [X] S E W | Responding to Emergency? N
Citation # (If Issued)_____
Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____
6 / 1 — Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # IC68KE | Reg Type PAN | Reg State MA
Veh Year 2016 | Veh Make FORD | Veh Config. 2 (20)
Owner: LOGUE (Last) RONALD (First) E (Middle) — 1 / 12
Address: 170 DARTMOUTH ST
City: WEST NEWTON State MA Zip 02465
Vehicle Action Prior to Crash 1 (21)
Event Sequence 5 (22) (22) (22) (22)
Most Harmful Event 5 (23)
Driver Contributing Code 1 (24) (24)
Underride/Override (25) Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

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	--------	---	---	1	4	4	0	0	10	1	

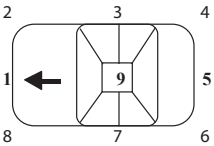
5 / 13

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

8 / 1 — Operator: _____ (Last) _____ (First) _____ (Middle)
License # _____ St _____ DOB/Age _____
Sex ____ Lic. Class (18) (18) | Lic. Restrictions (19) | CDL _____ Endorsment
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_____

Reg # _____ | Reg Type _____ | Reg State _____
Veh Year _____ | Veh Make _____ | Veh Config. (20)
Owner _____ (Last) _____ (First) _____ (Middle)
Address _____
City _____ State _____ Zip _____
Vehicle Action Prior to Crash (21)
Event Sequence (22) (22) (22) (22)
Most Harmful Event (23)
Driver Contributing Code (24) (24)
Underride/Override (25) Towed ____

Damaged Area Code: (Circle Up to Three)



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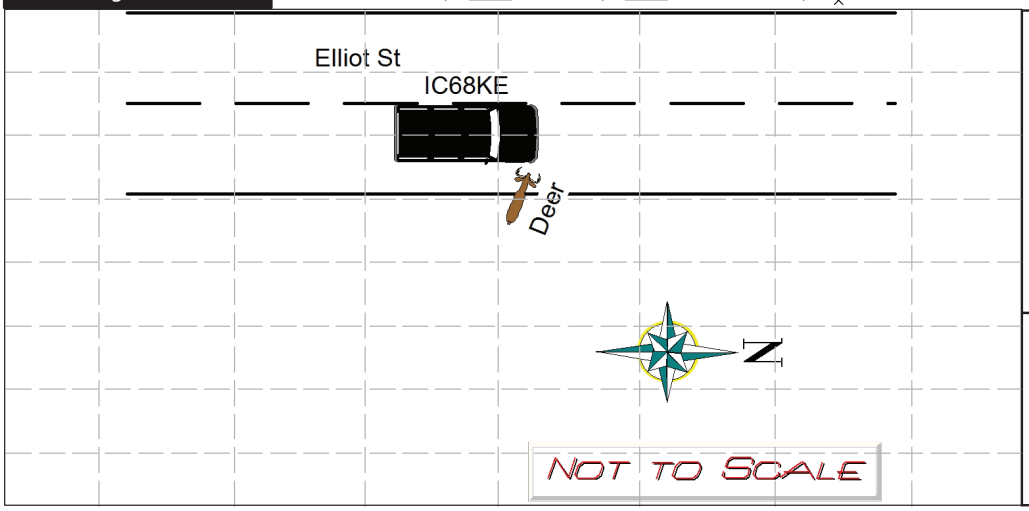
Operator/Non-Motorist	See Above	--------	---	---								

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:

On 6/4/2021 at approx 0730 hrs while assigned to 497 I responded to 170 Dartmouth St for a report of a past MV crash. Upon arrival I met with Pasquale Cerasuolo who stated he was driving his company car, Ma Reg IC68KE NB on Elliot St when in the area of 35 Elliot St a small deer darted out striking the front right of his car than bolted back into the woods. Cerasuolos vehicle had moderate damage to the front right fender.

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]

JO A GOURDEAU			NEWTON POLICE DEPARTM		06/04/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 -24-00