

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/21/2021	Time of Crash 06:21 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 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:	
Route# Direction Name of Roadway/Street At		WEST 52 ELLIOT ST		Route# Direction Address # Name of Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with		Feet N S E W of Mile Marker or Exit Number		Feet N S E W of Route# Intersecting Roadway/Street	
Route# Direction Name of Intersecting Roadway/Street		Feet N S E W of		Landmark	

<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 2100000449
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License # --- St MA DOB/Age -- -- --	Reg # MP507B Reg Type MVN Reg State MA
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment	Veh Year 2020 Veh Make FORD Veh Config. 2 20
Operator ROONEY MELANIE Last First Middle	Owner CITY OF NEWTON PD Last First Middle
Address 1321 WASHINGTON STREET	Address 1321 WASHINGTON ST
City NEWTON State MA Zip 02465	City NEWTON State MA Zip 02465
Insurance Company SELF INSURED	Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S E X Responding to Emergency? N	Event Sequence 2 22 22 22 22 2 23 24 24 25 Towed N
Citation # (If Issued)	Most Harmful Event 2 23
Violation 1: Ch Sec Violation 2: Ch Sec	Driver Contributing Code 19 24 24
Violation 3: Ch Sec Violation 4: Ch Sec	Underride/Override 25

Please fill out for operator and all occupants involved		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		---	---	99	4	4	0	0	10	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
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License # --- St MA DOB/Age -- -- --	Reg # MP498B Reg Type MVN Reg State MA
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment	Veh Year 2020 Veh Make FORD Veh Config. 2 20
Operator EMMANUEL STEVEN C Last First Middle	Owner CITY OF NEWTON PD Last First Middle
Address 1321 WASHINGTON STREET	Address 1321 WASHINGTON ST
City NEWTON State MA Zip 02465	City NEWTON State MA Zip 02465
Insurance Company SELF INSURED	Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)
Vehicle Travel Direction: N S X W Responding to Emergency? N	Event Sequence 2 22 22 22 22 2 23 24 24 25 Towed N
Citation # (If Issued)	Most Harmful Event 2 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

Please fill out for operator and all occupants involved		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		---	---	---	4	4	0	0	10	1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

52 Elliot Street

Unit 1 Unit 2

NOT TO SCALE

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 06/21/2021 at approx. 0545 hrs I was at the Yard at 52 Elliot Street speaking with other officers. I was parked between cruisers N500 and N498. A large bee flew into the window of N507 and was in the area of my face. I was unable to open the cruiser door so I attempted to pull the cruiser forward and did not realize the wheels of the cruiser were angled and I hit the back passenger side corner of N498 causing damage to the light and the rear quarter. The damage to N507 was the passenger side front and rear door. Photos were taken and submitted to the IT department. No injuries were sustained. Both cruisers were able to be driven.

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