

Police Use Only		Commonwealth of Massachusetts										RMV Document Number			
Date of Crash 07/02/2021	Time of Crash 13:17 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:									
Route# Direction Name of Roadway/Street At				WEST 83 WALNUT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# 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 2100000486									
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator BURNHAM MARK Address 125 SCHOOL ST (apt. 2) City WATERTOWN State MA Zip 02472 Insurance Company ALLSTATE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # BOXER7 Reg Type PAV Reg State MA Veh Year 2011 Veh Make HYUNDAI Veh Config. 2 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled											
Please fill out for operator and all occupants involved				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 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											
License # --- St DOB/Age --- Sex M Lic. Class 99 18 18 Lic. Restrictions 1 19 CDL Operator DEPAULA RENEN Address 33A CROSS ST (apt. S2) City MALDEN State MA Zip 02148 Insurance Company FOREMOST Vehicle Travel Direction: N S E X Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec				Reg # 1LLE14 Reg Type PAN Reg State MA Veh Year 2010 Veh Make FORD Veh Config. 2 20 Owner DEPAULA RENATO Address 33A (apt. S2) CROSS ST City MALDEN State MA Zip 02148 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed Y 10 Undercarriage 11 Totaled											
Please fill out for operator and all occupants involved				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/Non-Motorist See Above --- --- 1 4 4 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

83 walnut st

Unit 2

Unit 1

75 walnut st driveway

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 7-2-21 AT APPROX. 1317HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 83 WALNUT ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS WAITING TO EXIT THE DRIVEWAY BETWEEN 75 AND 83 WALNUT ST. DRIVER STATES THERE WERE TWO PICKUP TRUCKS BLOCKING THE EXIT TO WALNUT ST. VEHICLE #2 STARTED BACKING UP AND HIT VEHICLE #1 IN THE FRONT END CAUSING DAMAGE TO VEHICLE #1 FRONT END. I SPOKE TO THE OWNER OF VEHICLE #2. HE STATES HE WAS PREPARING TO LEAVE THE WORK SITE AT 75 WALNUT ST. PRIOR TO LEAVING HE FORGOT AN ITEM ON THE THIRD FLOOR OF 75 WALNUT ST. HE WENT TO GET THE ITEM AND WHILE RETRIEVING IT HE HEARD THE CRASH. HE SAW HIS SON (RENEN DEPAULA) CRYING AND WENT TO SEE WHAT WAS WRONG. I SPOKE TO RENEN DEPAULA. HE STATES HE IS NOT LICENSED BUT SINCE HIS DAD WAS BUSY AND THE OPERATOR OF VEHICLE #1 WANTED TO GET OUT HE FIGURED HE WOULD DO HIS DAD A SOLID AND MOVE THE CAR FOR HIM. HE STATES HE PLACED THE CAR IN

(Continued on next page)

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

THOMAS P WALSH

NEWTON POLICE DEPART

07/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Parade

Date

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian
ie: → 1 → 2 → ○

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:

REVERSE AND WHILE BACKING WENT TO QUICKLY AND WAS UNABLE TO AVOID HITTING VEHICLE #1. THERE WAS NO DAMAGE TO VEHICLE #2. ALL PARTIES REPORTED NO INJURIES, ALL VEHICLES WERE STILL OPERATIONAL. ALL PARTIES WERE ADVISED TO CONTACT THEIR INSURANCE COMPANIES. CLEARED WITHOUT FURTHER INCIDENT.

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

THOMAS P WALSH

NEWTON POLICE DEPART

07/02/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

precinct/Barnecks

Date