

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 09/22/2021		Time of Crash 13:50 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 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 244 NEEDHAM 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 Vehicle 1 1 #Occupants				Hit/Run	Moped	Case Number 210000741						7	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator FIORE JAMES Address 11 BLACKSTONE ST (apt. 2) City CAMBRIDGE State MA Zip 02341 Insurance Company LIBERTY MUTUAL				Reg # V63385 Reg Type CON Reg State MA Veh Year 2021 Veh Make INTL Veh Config. 6 20 Owner NSTAR ELECTRIC Address 107 SELDEN ST City BERLIN State CT Zip 06037 Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 9								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Operator See Above --- 99 4 99 0 0 10 1 N/A								2	
Please Select One of the Following: X Vehicle 2 0 #Occupants				Non-Motorist A	Type 14	Action 15	Location 16	Condition 17	Hit/Run	Moped	13		
License # --- St DOB/Age --- Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company PROGRESSIVE INS				Reg # 488XC6 Reg Type PAN Reg State MA Veh Year 2013 Veh Make FORD Veh Config. 2 20 Owner SOUSA BROTHERS 1 Address 90 (apt. 11) 2ND ST City FRAMINGHAM State MA Zip 01702 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13	
Vehicle Travel Direction: X S E W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled 9								13	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Seat Pos. Safety Airbag Airbag Eject Trap Injury Transp. System Status Switch Code Code Status Code Operator/Non-Motorist See Above --- --- ---								13	

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

244 NEEDHAM ST

Unit 1

Unit 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

N →

Crash Narrative:

On Wednesday 9/22/2021 at approx 1350hrs, while assigned to N-498, I responded to 244 Needham St for a 2 car MVA.

Operator of MV1 states he was backing up his vehicle when he struck the rear passenger side of MV2 which was parked and unoccupied. I observed minor damage to both vehicles. I was later able to locate the owner of MV2 and notified him of the accident.

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

KEVIN DURICKAS NEWTON POLICE DEPT 09/22/2021

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00