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|---|--|----------------------------------|-------------------------------|--|--|--------------------------------------|---------------------|-------------------------|------------------------|--|--|--|--|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 09/29/2021 | | Time of Crash 17:31 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 | | | | EAST 1200 BEACON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark | | | | | | | | 10 | |
| Route# Direction Name of Intersecting Roadway/Street Also at Intersection with | | | | | | | | | | | | 11 | |
| Route# Direction Name of Intersecting Roadway/Street | | | | | | | | | | | | 2 | |
| <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 210000774 | | | | | | 3 | |
| License # --- St MA DOB/Age --- Sex M Lic. Class B 18 M 18 Lic. Restrictions M 19 CDL P Operator SULLIVAN KEVIN THOMAS Address 147 DEAN ST City NORWOOD State MA Zip 02062 Insurance Company GRAPHIC ARTS MUTUAL INSURANCE | | | | Reg # 45948 Reg Type SBN Reg State MA Veh Year 2011 Veh Make FRHT Veh Config. 4 20 Owner MICHAEL J CONNOI AND SONS INC Address 609 (apt. PO BOX 84) MAIN ST City WALPOLE State MA Zip 02081 Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 18 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled | | | | | | | | 12 | |
| 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 _____ | | | | | | | | | | | | 13 | |
| Please fill out for operator and all occupants involved | | | | | | | | | | | | 2 | |
| 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 | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | 7 | |
| License # --- St MA DOB/Age --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator CASTRO LACAMBR/ SOFIA INMACULADA Address 89 NEEDHAM ST (apt. 2153) City NEWTON State MA Zip 02461 Insurance Company GEICO | | | | Reg # 7PA985 Reg Type PAN Reg State MA Veh Year 2015 Veh Make JEEP Veh Config. 2 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 11 21 Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 11 Totaled | | | | | | | | 8 | |
| 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 _____ | | | | | | | | | | | | | |
| 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/Non-Motorist See Above | | | | | | | | | | | | | |
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→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

1200 Beacon St (Cold Springs Park)

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:

Operator of MV1 states he was backing up MV1 when he struck MV2, which was in his blind spot. MV2 was parked and unoccupied. Very minor damage to MV1 rear bumper. MV2 sustained damage to the left driver's side door. No injuries.

Witnesses:

| Name (Last, First, Middle) | Address | Phone # | Statement |
|----------------------------|---------|---------|-----------|
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| | | | |

Property Damage:

| Owner (Last, First, Middle) | Address | Phone # | 34-Type | Description of Damaged Property |
|-----------------------------|---------|---------|---------|---------------------------------|
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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

TIMOTHY F KEEFE

NEWTON POLICE DEPT

09/29/2021

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

CDP1 11 -24-00