

Police Use Only			Commonwealth of Massachusetts				RMV Document Number					
Date of Crash 10/07/2021	Time of Crash 08:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 30 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	
WEST WARREN ST											2	
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								10	
NORTH LANGLEY RD							Feet N S E W of _____ or _____ Mile Marker Exit Number					
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with							Feet N S E W of _____ Route# Intersecting Roadway/Street				11	
Route# Direction Name of Intersecting Roadway/Street							Landmark				3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000793			
License # --- St MA DOB/Age ---			Reg # 2RAR55 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2011 Veh Make TOYTA Veh Config. 1 20									
Operator GREENBERG JOSHUA MARC			Owner (Same as operator)								12	
Address 40 MOZART ST (apt. 1)			Address									
City JAMICA PLAIN State MA Zip 02130			City State Zip									
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23			1 9			5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 4 24 24			Underride/Override 25 Towed Y						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____												
Please fill out for operator and all occupants involved											13	
Name (Last First Middle)			Address			Age/DOB			Sex			26
Operator			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility
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 MA DOB/Age ---			Reg # T68621 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2018 Veh Make CHEVY Veh Config. 2 20									
Operator COSCIONE JR HECTOR JOSE			Owner COSCIONE HECTOR J									
Address 17 CHERRY PL			Address 17 CHERRY PL									
City NEWTON State MA Zip 02465			City NEWTON State MA Zip 02465									
Insurance Company COMMERCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			2 3 4			10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 1 23			1 9			5 11 Totaled			
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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
Operator/Non-Motorist			See Above			-----			---			27
												28
												29
												30
												31
												32
												33
												Medical Facility

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

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:

THE OPERATOR OF MV#1 STATED THAT HE WAS STOPPED AT THE INTERSECTION OF WARREN ST AND LANGLEY ROAD. WARREN ST IS A ONE WAY WITH A STOP SIGN. THE OPERATOR THEN STATED HE PRECEDED THROUGH THE INTERSECTION AND WAS STRUCK BY MV#2. THE OPERATOR OF MV#2 STATED HE WAS TRAVELING N-B ON LANGLEY ROAD WHEN MV#1 PULLED OUT IN FRONT OF HIS VEHICLE WHICH CAUSED THE COLLISION. MV#1 AFTER THE IMPACT WAS FORCED UP ONTO THE SIDEWALK DAMAGING A CITY "NO PARKING" SIGN. OFFICER WILSON TOOK PICTURES OF THE CITY PROPERTY DAMAGE. AS THE OPERATOR OF MV#1 WAS BEING EVALUATED BY THE MEDICS I ASKED HIM IF HE HAD ANY INJURIES AND HE STATED HE DID NOT. I THEN INFORMED HIM THAT HE HAD A STOP SIGN AT THE INTERSECTION WHICH HE AGREED BUT STATED HE DID NOT SEE MV#2 WHILE PULLING OUT ONTO LANGLEY ROAD. I INFORMED THE OPERATOR OF MV#1 THAT BASED ON THE STATEMENTS FROM BOTH HIM AND THE OPERATOR OF MV#2, I MADE THE DETERMINATION THAT HE WAS AT FAULT, FAILED TO YIELD, AND THAT OPERATOR OF MV#2

(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
, CITY OF NEWTON,	NEWTON, MASSACHUSETTS	617-796-1000	4	1 NO PARKING SIGN

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

MATTHEW C TOCCI NEWTON POLICE DEPARTM 10/07/2021

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

CDP1 11 -24-00

→ 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:

HAD THE RIGHT OF WAY. I INFORMED THE OPERATOR OF MV#1 THAT I WOULD NOT BE ISSUING HIM A CITATION AT THIS TIME. THE OPERATOR OF MV#1 THEN BECAME ARGUMENTATIVE INSIDE THE AMBULANCE STATING TO ME "GET THE HELL AWAY FROM ME I AM DONE WITH YOU". THE OPERATOR OF MV#1 SIGNED A PATIENT REFUSAL AND MV#1 WAS TOWED BY TODY'S. MV#1 HAD MAJOR DAMAGE TO THE DRIVERS REAR, SIDE, AND FRONT, ALONG WITH SIDE AIR BAG DEPLOYMENT. MV#2 HAD DAMAGE TO THE P/S FRONT BUT WAS ABLE TO DRIVE AWAY. IT APPEARED THAT THERE COULD POSSIBLY BE UNDERLINING DAMAGE TO MV#2.

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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

MATTHEW C TOCCI

NEWTON POLICE DEPART

10/07/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date