

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 10/07/2021	Time of Crash 17:45 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20 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:					
ELM ST								9		
Route# Direction Name of Roadway/Street			Route# Direction Address # Name of Roadway/Street					10		
At			Feet N S E W of _____ • _____ or _____							
WEBSTER ST										
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____					11		
Also at Intersection with			Route# Intersecting Roadway/Street					4		
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 210000797			
License # --- St MA DOB/Age ---			Reg # 2JZZ26		Reg Type PAN		Reg State MA			
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2021		Veh Make RAM		Veh Config. 1 20			
Operator DIRUSSO ANTHONY			Owner (Same as operator)				12			
Address 11 MELVILLE AVE			Address							
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____							
Insurance Company THE STANDARD FIRE INSURANCE			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		2		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24		8		6			
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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 99 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 MA DOB/Age ---			Reg # 1YM582		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2020		Veh Make TOYOTA		Veh Config. 1 20			
Operator PROVENCHER ASHLEY			Owner (Same as operator)							
Address 381 CONGRESS ST (apt. 310)			Address							
City BOSTON State MA Zip 02210			City _____ State _____ Zip _____							
Insurance Company PLYMOUTH ROCK ASSURANCE CORP			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 22 22 22		3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 1 23		1		5 11 Totaled			
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24		7 6					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y							
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 1 99 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

Crash Diagram:

Webster St.

Elm St.

MV2

MV1

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

The operator of MV1 stated that they were at the stop sign on Webster St. and took a left onto Elm heading Southbound. Once on Elm St. MV2 which was parked on the right side of the street, pulled out and hit MV1 on the right side. MV1 had moderate damage to the right side of the truck, and a rear flat tire.

The operator of MV2 stated that they were parked on Elm St. and when they went to pull out MV1 crashed into them. The operator of MV2 stated that they checked for incoming traffic and did not see MV1 coming down Elm St. There was major damage to the front of MV 2.

The operator of MV1 was able to change the flat tire and take the vehicle, Todys took possession of MV2. Both parties denied medical attention, and were given the report number.

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

ELMER ACUNA      NEWTON POLICE DEPARTM      10/07/2021

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

CDP1 11 -24:00