

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 10/21/2021	Time of Crash 11:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 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:				
WEST COMMONWEALTH AVE											
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street								
NORTH AUBURN ST							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				
Route# Direction Name of Intersecting Roadway/Street							Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000848		
License # --- St MA DOB/Age ---			Reg # M2940A Reg Type CON Reg State MA			Veh Year 2007 Veh Make INTL Veh Config. 13 20					
Sex M Lic. Class B 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner CITY OF NEWTON DPW			Address 110 CRAFTS ST					
Operator DRISCOLL JOSEPH			City MARLBORO State MA Zip 01752			City NEWTON State MA Zip 02458					
Address 88 COUNTRY LANE			Insurance Company SELF			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Underride/Override 25 Towed N			Diagram			10 Undercarriage 5 11 Totaled		
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										13	
Name (Last First Middle)			Address			Age/DOB			Sex		
Operator			See Above			99			4 4		
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 1 #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										18	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # --- St MA DOB/Age ---										Reg # W25387 Reg Type CON Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment										Veh Year 2021 Veh Make RAM Veh Config. 2 20	
Operator SULLIVAN THOMAS MICHAEL										Owner ENDLESS ENERGY NEW ENGLAND	
Address 357 PLEASANTDALE RD										Address 131 MESSINA WOODS DR	
City RUTLAND State MA Zip 01543										City BRAINTREE State MA Zip 02184	
Insurance Company SELECTIVE INSURANCE OF SOUTH CAROLINA										Vehicle Action Prior to Crash 4 21	
Vehicle Travel Direction: N S E X Responding to Emergency? N										Event Sequence 1 22 22 22 22	
Citation # (If Issued)										Most Harmful Event 1 23	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										Driver Contributing Code 1 24 24	
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		
Operator/Non-Motorist			See Above			99			4 4		

→ 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:

On Thursday October 21st, 2021 at approximately 1114 hours I responded to the area of Commonwealth Ave and Auburn Street for a motor vehicle accident involving a city vehicle. At the time of the accident the weather was partly cloudy and the road surface was dry. Commonwealth Ave and Auburn Street are both owned and maintained by the City of Newton.

Upon arrival I spoke with the operator of the city DPW truck MA CON REG: M2940A, identified as Joseph Driscoll (S99322981). Joseph stated he was stopped at the red light in the Commonwealth Ave carriage lane waiting for the green light to cross over Commonwealth Ave onto Auburn Street. Joseph stated when the light turned green he began entering into Commonwealth Ave when his vehicle made contact with another vehicle. Joseph stated he had the green light and was traveling straight and did not see the other vehicle

(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

ANDREA M FERGUSON

NEWTON POLICE DEPART

10/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

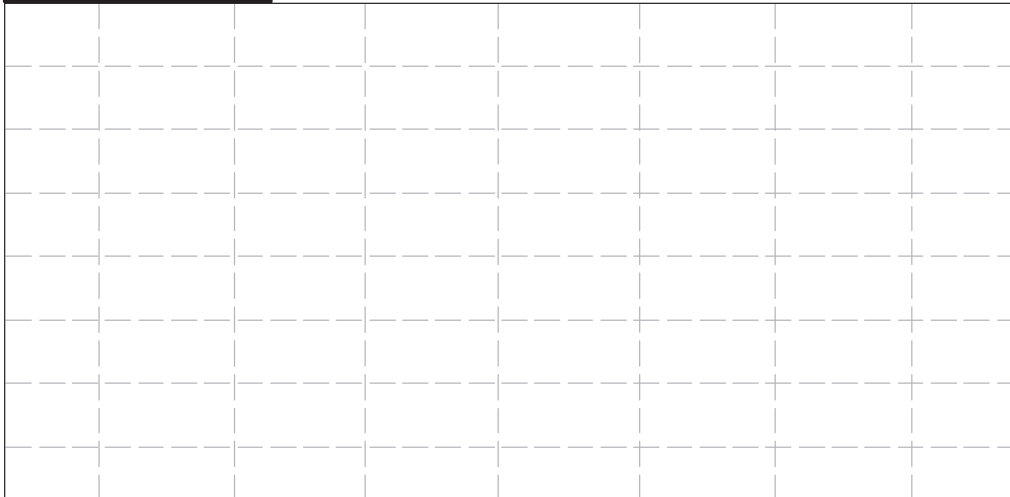
Precinct/Barracks

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:

until contact was made. Joseph reported no damage to the DPW truck and reported no injuries.

I spoke with the operator of the other vehicle involved, identified as Thomas Sullivan (S53107703).

Thomas stated he was operating MA REG; W25387 and was traveling northbound on Auburn Street and had the green light to enter Commonwealth Ave. Thomas stated he was turning left onto Commonwealth Ave when his vehicle was struck in the rear passenger side area. Moderate damage was observed and reported on the rear and passenger side. Thomas reported no injuries. Pictures of both vehicles were taken and submitted to the IT Bureau. Both vehicles were able to leave the scene 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

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

ANDREA M FERGUSON

NEWTON POLICE DEPART

10/21/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date