

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/03/2021	Time of Crash 08:25 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>35</u> 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:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 612 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100000895		
License # _____ St MA DOB/Age _____			Reg # 3GYT41			Reg Type PAN			Reg State MA		
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2005			Veh Make SUBARU			Veh Config. <u>1</u> <u>20</u>		
Operator SHIPPIE JENNIFER L			Owner FRANGIPANE MATTHEW P								
Address 67 COURT ST (apt. 1)			Address 448 SOUTH ST								
City NEWTON State MA Zip 02458			City QUINCY State MA Zip 02169								
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash <u>4</u> <u>21</u>			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>N</u>			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>			10 Undercarriage					
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>			5 11 Totaled					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed <u>N</u>								
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator			See Above			-----		---		27 Safety System	
										28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>2</u> #Occupants										14	
<input type="checkbox"/> Non-Motorist A Type										15	
Action										16	
Location										17	
Condition										17	
<input type="checkbox"/> Hit/Run										<input type="checkbox"/> Moped	
License # _____ St MA DOB/Age _____										Reg # M78129	
Sex M Lic. Class <u>B</u> <u>18</u> <u>18</u> Lic. Restrictions <u>K</u> <u>19</u> CDL _____										Reg Type MVN	
Veh Year 2009										Reg State MA	
Veh Make FORD										Veh Config. <u>2</u> <u>20</u>	
Operator NAPOLITANO BRIAN J										Owner CITY OF NEWTON DPW	
Address 110 CRAFTS STREET										Address 110 CRAFTS ST	
City NEWTON State MA Zip 02458										City NEWTON State MA Zip 02458	
Insurance Company SELF INSURED										Vehicle Action Prior to Crash <u>10</u> <u>21</u>	
Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Responding to Emergency? <u>N</u>										Damaged Area Code: (Circle Up to Three)	
Citation # (If Issued) _____										Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										10 Undercarriage	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										5 11 Totaled	
Underride/Override <u>25</u> Towed <u>N</u>											
Please fill out for operator and all occupants involved										13	
Name (Last First Middle)			Address			Age/DOB		Sex		26 Seat Pos.	
Operator/Non-Motorist			See Above			-----		---		27 Safety System	
BROOKS, KEVIN, M			110 CRAFTS STREET NEWTON, MA 02458			-----		M		28 Airbag Status	
										29 Airbag Switch	
										30 Eject Code	
										31 Trap Code	
										32 Injury Status	
										33 Transp. Code	
										Medical Facility	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

WASHINGTON ST

Unit 2 P.O.I. Unit 1

612 WASHINGTON ST

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 11/03/21 at 08:25 hours, N491 and I (Traffic Unit # 523) responded to 612 Washington Street for a two car motor vehicle accident involving a city motor vehicle. The weather at the time was clear and sunny and the road conditions were dry. Washington Street is a public way maintained and owned by the City of Newton.

On arrival, I spoke to the operator identified as Brian Napolitano (MA D/L #S73156918) and his co-worker Kevin Brooks who was a passenger in the vehicle. Both parties work for the City of Newton Department of Public Works. Mr. Napolitano was operating a 2009 Ford F350 bearing MA MVN registration# M78129 at the time. He stated that he was attempting to back out of the driveway of 612 Washington Street. Once it was clear to proceed he backed out on to Washington Street and that is when a Subaru Impreza made

(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

JEREMY L WILSON	25227	NEWTON POLICE DEPART	11/03/2021
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:

contact with his driver's side front quarter panel area. He says the Subaru was making a left turn from the left westbound lane of Washington Street in to the same driveway he was backing out of at the time. There was no visible damage to the vehicle.

I then spoke to the operator of the Subaru (MA reg.# 3GYT41) identified as Jennifer Shippie (MA D/L# S23299202). Ms. Shippie states she was in the left westbound lane of Washington Street and was turning left in to the driveway of 612 Washington Street. She further stated that a vehicle in the eastbound lane stopped for her and waved her on to proceed. She then made the turn and never saw the Ford F350 backing out and made contact with it on her passenger front bumper area. The entire vehicle had damage to the front bumper consisting of scratches and dents but she stated none of it was new from this accident.

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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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

JEREMY L WILSON

25227

NEWTON POLICE DEPART

11/03/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

♀ Pedestrian

[illegible]

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

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

Material Name _____ Material 4 digit # _____ Release code _____

CDP1 11 -24:00