

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/06/2021	Time of Crash 11:16 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 20 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 40 BROOKS AVE				Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number				Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000907		
License # St DOB/Age			Reg # GUTR193 Reg Type CON Reg State NJ			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2013 Veh Make TOYOTA Veh Config. 2 20		
Operator Last First Middle			Owner NS GUTTER CLEANE Last First Middle			Address 11 DANIEL ROAD			City EAST FAIRFIELD State NJ Zip 07004		
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
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			See Above								
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 # 17EL24 Reg Type PAN Reg State MA			Sex M Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year 2000 Veh Make VOLVO Veh Config. 1 20		
Operator LEWITT PETER Last First Middle			Owner LEWITT MARY T Last First Middle			Address 41 BROOKS AVE			City NEWTON State MA Zip 02460		
Insurance Company INTEGON NATIONAL			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2		
Vehicle Travel Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 19 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			10 Undercarriage 5 11 Totaled		
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			99 4 99 0 0 10 1 NONE					

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

40 BROOKS AVE

BROOKS AVE

#41 BROOKS AVE

Unit 1

Unit 2

Unit 2

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:**

On November 6th, 2021 at approximately 11:16 hours while working N491 I responded to #40 Brooks Ave for a report of a MV crash.

On my arrival I located one of the involved vehicles(#1), a 2013 Toyota Tacoma PU, NJ commercial plate, GUTR193. The operator who was standing outside of the truck stated that vehicle #2 was backing out from his driveway across the street #41 Brooks Ave, when he struck his companies truck which was parked in front of #40 Brooks Ave.

Vehicle #2 was a gray 2000 Volvo S70, Ma plate 17EL24, operated by a Peter Lewitt. He was backing out of his driveway when backed into vehicle #1 which was parked across the street in front of #40 Brooks Ave. There were no injuries due to this accident and neither vehicle was towed.

**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

THOMAS J MCCARTHY      NEWTON POLICE DEPART      11/06/2021

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

CDP1 11 -24:00