

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 11/07/2021	Time of Crash 14:18 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 1	Speed Limit 25 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 191 NEEDHAM ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			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 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000912		
License # --- St MA DOB/Age ---			Reg # 3SPT21 Reg Type PAN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2016 Veh Make TOYT Veh Config. 2 20								
Operator HAIMINIS SHUKI Last First Middle			Owner (Same as operator) Last First Middle								
Address 80 SACHEM RD			Address _____								
City NEEDHAM State MA Zip 02494			City _____ State _____ Zip _____								
Insurance Company GEICO			Vehicle Action Prior to Crash 3 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			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 99 24 24			11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6					
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			-----			99 4 99 0 0 10 1			N/A		
HARSCHER, ROSE			80 SACHEM RD NEEDHAM, MA 02494			M 4 4 4 99 0 99 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 # 2E2305 Reg Type MCN Reg State MA								
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014 Veh Make HD Veh Config. 20								
Operator MCINTYRE DARON Last First Middle			Owner (Same as operator) Last First Middle								
Address 328 MAPLE ST			Address _____								
City MANSFIELD State MA Zip 02048			City _____ State _____ Zip _____								
Insurance Company PROGRESSIVE INS			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			2 3 4					
Citation # (If Issued) _____			Most Harmful Event 1 23			1 9 10 Undercarriage					
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Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6					
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			-----			5 5 4 2 0 9 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

165 NEEDHAM ST

WITNESS

191 NEEDHAM ST

NOT TO SCALE

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 11/7/2021 at approx 1418hrs, while assigned to N-499, I responded to 191 Needham St for an MVA.

Operator of MV1 states that he had just taken a right onto Needham St from the Stop and Shop parking lot heading SB when he heard a loud honk coming from behind his vehicle. He said he saw MV2 in his rearview mirror but does not remember feeling any contact to his vehicle. He said that he saw MV2 before taking a right and that MV2 was far enough away that he could do so safely.

Operator of MV2 states that MV1 suddenly drove onto Needham St in front of him causing him to quickly activate his brakes. Doing so he lost control of his motorcycle and slid into MV1. It should be noted that I saw scrap damage to the side of MV2 and tire marks from what appeared to be from MV1 on MV2's rear bumper. He states that he did not speak with any other operators other than MV1. Operator of MV2 signed a patient

(Continued on next page)

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
DECOSTA, ROBERT,	3205 CRICKET LN WALPOLE, MA 02032	-----	Y
HARTHORNE, NANCY,		-----	Y

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

KEVIN DURICKAS

NEWTON POLICE DEPT.

11/07/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

➔ Direction 1 = Vehicle 1 2 = Vehicle 2 ♀ Pedestrian

Crash Diagram:

ie:

1

Vehicle 1

2

Vehicle 2

♀ Pedestrian

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:

refusal with the medics.

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

Gross Vehicle Weight

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

Hazmat Information:

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

42

KEVIN DURICKAS

NEWTON POLICE DEPARTMENT

11/07/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____