

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 11/17/2021		Time of Crash 10:51 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 15 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:						9	
Route# Direction Name of Roadway/Street At				WEST 74 ELLIOT ST		Route# Direction Address # Name of Roadway/Street						2	
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 _____						10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Route# Intersecting Roadway/Street NEWTON DPW CITY YARD LOT						11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____		Landmark _____						6	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100000948						3	
License # --- St MA DOB/Age ---				Reg # M88532 Reg Type MVN Reg State MA		Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Veh Year 2014 Veh Make JCB Veh Config. 97 20						12	
Operator DANIELE MICHAEL Last First Middle				Owner CITY OF NEWTON DPW Last First Middle		Address 110 CRAFTS ST						1	
Address 10 MILFORD ST				City MEDWAY State MA Zip 02053		City NEWTON State MA Zip 02458						13	
Insurance Company SELF INSURED				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)						1	
Vehicle Travel Direction: N S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23						1	
Citation # (If Issued) _____				Driver Contributing Code 19 24 24		Underride/Override 25 Towed N						1	
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						1	
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 5 99 0 0 10 1						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 DOB/Age --- Reg # 3827B Reg Type APN Reg State MA						1			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year 2006 Veh Make PETERBILT Veh Config. 8 20				Operator _____ Last First Middle						1			
Address _____				Owner COMMONWEALTH & UTILITIES INC Last First Middle						1			
City _____ State _____ Zip _____				Address PO BOX 972						1			
Insurance Company UNITED STATES FIRE INSURANCE COMPANY				Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)						1	
Vehicle Travel Direction: N X E W Responding to Emergency? N				Event Sequence 1 22 22 22 22		Most Harmful Event 1 23						1	
Citation # (If Issued) _____				Driver Contributing Code 1 24 24		Underride/Override 25 Towed N						1	
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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			
LAWTON, ROBERT, G				93 E MAIN ST AYER, MA 01432						1			

JEREMY L WILSON	25227	NEWTON POLICE DEPT	11/17/2021
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
Precinct/Barracks	Date		

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1 → 2 →



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:**

forward towards the truck in a westerly direction. The front left side wheel of the backhoe struck the truck's driver's side rear mud flap area denting it. The mud flap is made of metal and covers the four rear tires from front to back. Both Mr. Lawton or the operator of the backhoe never realized the truck had been struck until another worker from Commonwealth Construction noticed it.

The backhoe is a yellow 2014 JCB 3CX14 with MA Apportioned Reg. # M88532. The operator of the backhoe Michael Daniele (MA D/L # S43438211) works for the City of Newton Dept. of Public Works out of 74 Elliot Street. There was no damage to the backhoe.

Digital photos taken.

**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

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Signature

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Date