

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 11/27/2021	Time of Crash 10:45 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</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:			
EAST BEACON ST										
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street							
NORTH TUDOR RD										
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ • _____ or _____ Mile Marker Exit Number							
Route# Direction Name of Intersecting Roadway/Street			Feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of _____ Route# Intersecting Roadway/Street							
			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 210000993	
License # --- St MA DOB/Age ---			Reg # L74180 Reg Type PAN Reg State MA							
Sex M Lic. Class A 18 18 Lic. Restrictions O 19 CDL _____			Veh Year 2004 Veh Make MACK Veh Config. 6 20							
Operator BONIFACIO ANDY			Owner CASELLA WASTE M CO OF MASS							
Address 123 CURWIN CIR (apt. 123)			Address PO BO PO BOX 3797							
City LYNN State MA Zip 01843			City PEABODY State MA Zip 01961							
Insurance Company OLD REPUBLIC INS			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 1 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							
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 # 2MBX77 Reg Type PAN Reg State MA							
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2021 Veh Make JEEP Veh Config. 2 20							
Operator MARTIGNETTI MICHAEL			Owner (Same as operator)							
Address 481 HARRISON AVE (apt. 3B)			Address _____							
City BOSTON State MA Zip 02118			City _____ State _____ Zip _____							
Insurance Company AIG PROPERTY CASUALTY			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> 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 5 24 24			11 Totaled				
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			99 3 99 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

BEACON ST

TUDOR RD

Unit 2

Unit 1

← N =

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 Saturday 11/27/2021 at approx 1045hrs, while assigned to N-496, I responded to the intersection of Beacon St and Tudor Rd for a 2 car MVA. Upon arrival, both operators were standing on the sidewalk. MV2 sustained heavy front end damage and both its front airbags appeared deployed. MV1 sustained minor damage to its rear.

Operator of MV1 states that he was traveling EB on Beacon St and slowed down to take a left onto Tudor Rd. He said before he was able to turn his vehicle he was hit from behind by MV2.

Operator of MV2 states that he was traveling EB on Beacon St and wasn't sure what happened prior to the accident. He said he's not sure whether or not MV1 had his turn signal activated.

Both operators signed medical refusals.

(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

KEVIN DURICKAS NEWTON POLICE DEPT 11/27/2021

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

CDP1 11 -24:00

➔ 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:

MV2 was towed by Tody's towing service.

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

Material 1 digit #

Material Name

Material 4 digit #

Release code

42

KEVIN DURICKAS

NEWTON POLICE DEPARTMENT

11/27/2021

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date _____