

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 12/03/2021		Time of Crash 09:39 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 4	Number Injured 0	Speed Limit 25 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				NORTH 211 SUMNER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of _____ Mile Marker _____ Exit Number Feet N S E W of _____ Feet N S E W of _____ Route# Intersecting Roadway/Street Landmark								2 10	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with												11	
Route# Direction Name of Intersecting Roadway/Street												4	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 2100001013						3	
License # --- St MA DOB/Age --- Sex M Lic. Class C 18 18 Lic. Restrictions 9 19 CDL _____ Operator ALVES WELLINGTON Address 4661 PIMLICO RD City BALTIMORE State MD Zip 21215 Insurance Company UNITED FINANCIAL CASUALTY				Reg # V76000 Reg Type CON Reg State MA Veh Year 2007 Veh Make ISU Veh Config. 6 20 Owner WELLIZ CONTRACT Address 155R SEMINOLE AVE City WALTHAM State MA Zip 02451 Vehicle Action Prior to Crash 1 21 Event Sequence 2 22 2 22 2 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N								12	
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				 10 Undercarriage 11 Totaled								13	
Please fill out for operator and all occupants involved												2	
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									
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 0 #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 --- Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company LM GENERAL INS Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Reg # 96EV27 Reg Type PAN Reg State MA Veh Year 2009 Veh Make TOYT Veh Config. 2 20 Owner ROSOLKO MARK Address 56 VIRGINIA RD City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								13	
Please fill out for operator and all occupants involved												2	
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 --- --- ---									



→ 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:**

On Friday 12/3/2021 at approx 0939hrs, while assigned to N-496, I responded to the Newton Centre Post Office at 211 Sumner St for an MVA involving parked cars. There I met the operator of MV1, Wellington Alves, who states he his rear door swung open to his flat bed truck and struck MV2, MV3, and MV4 (all legally parked). All owners were notified of the accident. MV2, MV3, and MV4 all suffered passenger side and rear damage to their vehicles.

**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 DEPARTM**      **12/03/2021**

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

CDP1 11 -24:00