

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 12/09/2021	Time of Crash 07:53 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 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:				
Route# Direction Name of Roadway/Street At			EAST 326 RIVER ST Route# Direction Address # Name of Roadway/Street			2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number			2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street			11 4				
Route# Direction Name of Intersecting Roadway/Street			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 2100001031	
License # --- St MA DOB/Age ---			Reg # 177ZD5 Reg Type PAS Reg State MA			12				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2012 Veh Make AUDI A3 Veh Config. 1 20							
Operator PATTI JOHN Last First Middle			Owner (Same as operator) Last First Middle							
Address 50 HIGHLAND AVE			Address _____							
City NEWTON State MA Zip 02460			City _____ State _____ Zip _____							
Insurance Company AMICA MUTUAL			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 2 22 22 22 22			Event Sequence Diagram				
Citation # (If Issued) _____			Most Harmful Event 2 23			Driver Contributing Code 13 24 19 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved						13 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			-----			1 4 99 0 0 10 1				
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 _____			Reg # L84716 Reg Type CON Reg State MA			13				
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2011 Veh Make FORD Veh Config. 6 20							
Operator _____ Last First Middle			Owner CARUSO LANDSCAPE JESSIE Last First Middle							
Address _____			Address 330 RIVER STREET							
City _____ State _____ Zip _____			City NEWTON State MA Zip 02460							
Insurance Company TRI STATE INSURANCE			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: N S X W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Event Sequence Diagram				
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed N							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____										
Please fill out for operator and all occupants involved						13				
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 4 99 0 0 10 1				

→ Direction    1 Vehicle 1    2 Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

NOT TO SCALE

330 RIVER ST

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:**

OPERATOR OF MV 1 STATED THAT HE WAS TRAVELING EAST ON RIVER ST AND HIS FRONT PASSENGER BUMPER STRUCK A LEGALLY PARKED MV (MV2) , WHICH WAS PARKED IN FRONT OF 330 RIVER ST DUE TO THE GLARE FROM THE SUN. MV 1 SUSTAINED HEAVY DAMAGE TO THE FRONT AND WAS TOWED BY TODY'S TO THEIR LOT.

OWNER OF MV 2 WAS ON SCENE WHEN I ARRIVED. MV 2 SUSTAINED MINOR DAMAGE TO ITS REAR LEFT SIDE.

**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

**MATTHEW W COLELLA**    NEWTON POLICE DEPTA    12/09/2021

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

CDP1 11 -24:00