

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 02/24/2022		Time of Crash 11:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 1	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:						9	
Route# Direction Name of Roadway/Street At				WEST 1985 BEACON ST								2	
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Route# Direction Address # Name of Roadway/Street								10	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number								11	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of _____ Route# Intersecting Roadway/Street								2	
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 22000174							
License # --- St MA DOB/Age ---				Reg # V23543 Reg Type CON Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL				Veh Year 2019 Veh Make FORD Veh Config. 97 20									
Operator CECCHINI MICHAEL JOSEPH				Owner UNITED PARCEL SEI								12	
Address 54 AUBURN ST				Address 15 ARLINGTON STREET									
City MEDFORD State MA Zip 02155				City WATERTOWN State MA Zip 02472									
Insurance Company LIBERTY MUTUAL				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 2				3 4					
Citation # (If Issued)				Most Harmful Event 1 23				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												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator				See Above				-----				---	
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 # 2BRN27 Reg Type PAN Reg State MA									
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL				Veh Year 2022 Veh Make CHEV Veh Config. 2 20									
Operator CHABOT SHANE CURTIA				Owner (Same as operator)									
Address 18 CHERRY ST (apt. 1L)				Address									
City SPENCER State MA Zip 01562				City State Zip									
Insurance Company COMMERCE INSURANCE				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 2 22 22 22 22 2				3 4					
Citation # (If Issued) T2012914				Most Harmful Event 2 23				10 Undercarriage					
Violation 1: Ch 90/13B Sec _____ Violation 2: Ch 89/4A Sec _____				Driver Contributing Code 20 24 19 24				5 11 Totaled					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y				6					
Please fill out for operator and all occupants involved												13	
Name (Last First Middle)				Address				Age/DOB				Sex	
Operator/Non-Motorist				See Above				-----				---	

→ 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:

his motor vehicle and adjusting his radio when he struck the rear of the UPS truck on the side of the road.
A Witness, CERRA Rob, spoke to Sgt. Poutas and stated he witnessed the pickup truck travelling westbound on
Beacon Street and observed the vehicle to veer to the right and strike the back of the parked UPS truck.
Based on the statements given to me by the operator of motor vehicle #2, CHABOT Shane, he is being issued Ma
Uniform Citation T2012914 for C90 S13B using an electrical device while operating a motor vehicle and C89 S4A
Marked Lanes Violation. The citation was mailed to CHABOT's address as I was unable to issue it in hand
prior to him being transported to the hospital.

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

ALAN JR RICHARD SOLOMAN.

NEWTON POLICE DEPART

02/24/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date