

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 03/09/2022	Time of Crash 15:56 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:					
<div>11Route# Direction Name of Roadway/Street At</div> <div>24Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>34Route# Direction Name of Intersecting Roadway/Street</div>			<div>29SOUTH 999 WATERTOWN ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of or Mile Marker Exit Number</div> <div>Feet N S E W of Route# Intersecting Roadway/Street</div> <div>Feet N S E W of Landmark</div>							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000210			
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment Operator CHIARAVALLOTI FRANCO Address 127 SUMMER ST City WALTHAM State MA Zip 02452 Insurance Company SAFETY INSURANCE			Reg # 7907XZ Reg Type PAN Reg State MA Veh Year 2021 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec			<div>712Diagram: 10 Undercarriage, 5 11 Totaled</div>							
Please fill out for operator and all occupants involved			132							
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										
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #Occupants <input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment Operator LEVINSKY DENIS Address 175 ADAMS STREET (apt. 11) City NEWTON State MA Zip 02458 Insurance Company THE STANDARD FIRE INSURANCE COMPANY			Reg # 2XMF54 Reg Type PAN Reg State MA Veh Year 2022 Veh Make HONDA Veh Config. 1 20 Owner LEVINSKY ROMAN Address 175 (apt. 11) ADAMS ST City NEWTON State MA Zip 02458 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 19 24 24 Underride/Override 25 Towed N							
Vehicle Travel Direction: N S E W Responding to Emergency? N Citation # (If Issued) T1445618 Violation 1: Ch 90/24/C Sec Violation 2: Ch 90/10/A Sec Violation 3: Ch Sec Violation 4: Ch Sec			<div>899Diagram: 10 Undercarriage, 5 11 Totaled</div>							
Please fill out for operator and all occupants involved			132							
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										
ROTHSTEIN, SAMUEL 339 WALTHAM ST NEWTON, MA 02465										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

999 Watertown St (CVS)

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

↑ N

Crash Narrative:

Operator 1 states he was walking to his vehicle in the parking lot at 999 Watertown St (CVS Pharmacy) when he saw that a vehicle in the parking space to the left of him was too close to his vehicle, preventing him from being able to enter. Operator 1 asked operator 2 if he could back up to create space and when operator 2 reversed, the back passenger side of his vehicle scraped against the left side of vehicle 1's bumper. Operator 1 then asked operator 2 for his registration, operator 2 offered money and then left the parking lot without exchanging information.

Upon making contact with operator 2, he stated he was the operator of vehicle 2 and admitted backing up into vehicle 1. Operator 2 stated he was scared to give his information because he does not have a driver's license and he left the area.

(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

→ 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:

I observed minor damage to on the left side of the rear bumper on vehicle 1 and minor damage to the right side of the rear bumper of vehicle 2.

I issued operator 2 Massachusetts Uniform citation: T1445618 for the following:

MGL Ch. 90 Sec. 24 Leaving the scene after a collision with property damage

MGL Ch. 90 Sec. 10 Unlicensed Operation of a motor vehicle

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

ROBERT DRAGONE

NEWTON POLICE DEPART

03/09/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date