

| | | | | | | | | | | | | | |
|---|--|--------------------------------|-------------------------------|---|--|---|---------------------|---|---------------------|---|--|--|---|
| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | | |
| Date of Crash 04/18/2022 | | Time of Crash 15:12 24HR | | City/Town NEWTON | | Motor Vehicle Crash Police Report | | Number Vehicles 2 | 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 _____ | | | | SOUTH 102 GARLAND RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ | | | | | | | | 2 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ | | | | | | | | 10 | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | Feet [N][S][E][W] of _____ Landmark _____ | | | | | | | | 11 | |
| 3 | | | | <input checked="" type="checkbox"/> Vehicle 1 1 #Occupants | | <input type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 22000317 | | | 4 |
| 1 | | | | License # _____ St MA DOB/Age _____ | | Reg # M84227 | | Reg Type MVN | | Reg State MA | | 12 | |
| 4 | | | | Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____ | | Veh Year 2012 | | Veh Make FORD | | Veh Config. 6 20 | | 1 | |
| 1 | | | | Operator CAMILLI DOMINIC Last First Middle | | Owner CITY OF NEWTON DPW Last First Middle | | Address 110 CRAFTS ST | | | | | |
| | | | | Address 444 NORFOLK ST | | City NEWTON | | State MA | | Zip 02458 | | | |
| 5 | | | | Insurance Company CITY SELF INSURED | | Vehicle Action Prior to Crash 1 21 | | Damaged Area Code: (Circle Up to Three) | | | | | |
| 6 | | | | Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N | | Event Sequence 2 22 22 22 22 | | Most Harmful Event 2 23 | | Driver Contributing Code 4 24 24 | | 13 | |
| 1 | | | | Citation # (If Issued) _____ | | Underride/Override 25 | | Towed N | | Diagram: 10 Undercarriage, 11 Totaled | | 2 | |
| | | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | | | | | |
| | | | | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | |
| | | | | 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 | | 1 | | 4 | | 99 | | 0 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 7 | | | | 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 | | 17 | |
| 1 | | | | | | | | | | | | | |
| | | | | License # _____ St _____ DOB/Age _____ | | Reg # 911LZ8 | | Reg Type PAN | | Reg State MA | | | |
| 8 | | | | Sex _____ Lic. Class 18 18 Lic. Restrictions 1 19 CDL _____ | | Veh Year 2016 | | Veh Make NISSAN | | Veh Config. 1 20 | | 1 | |
| 1 | | | | Operator _____ Last First Middle | | Owner CASTILLO ANA Last First Middle | | Address 75A (apt. A) BRUNSWICK ST. | | | | | |
| | | | | Address _____ | | City DORCHESTER | | State MA | | Zip 02121 | | | |
| | | | | City _____ State _____ Zip _____ | | Vehicle Action Prior to Crash 11 21 | | Damaged Area Code: (Circle Up to Three) | | | | | |
| | | | | Insurance Company QUINCY MUTUAL | | Event Sequence 2 22 22 22 22 | | Most Harmful Event 2 23 | | Driver Contributing Code 1 24 24 | | 13 | |
| | | | | Vehicle Travel Direction: [N][X][E][W] Responding to Emergency? N | | Underride/Override 25 | | Towed N | | Diagram: 10 Undercarriage, 11 Totaled | | 2 | |
| | | | | Citation # (If Issued) _____ | | | | | | | | | |
| | | | | Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | | | | | | | |
| | | | | Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | | | | | | | |
| | | | | 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 | | ----- | | --- | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

102 Garland Rd.

MV2

MV1

Garland Rd.

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:

MV1 (Newton City vehicle) was traveling Southbound on Garland Rd. when it side swiped a vehicle that was parked facing Southbound in front of 102 Gardland Rd. Operator of MV1 stated he did not believe he struck the vehicle, but stated he heard a loud crunch when passing MV2. MV1 was completely operational and appeared to not have sustained any damage. MV2 sustained large scrapes by the left front tire and heavy front end damage, consisting of the front bumper being almost entirely taken off. Owner of MV2 arrived on scene and stated they would be contacting their own tow company in regards to the vehicle being moved. Pictures of the scene and the damaged vehicles were taken and sent to the IT Bureau in order to be attached to this report.

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

JEREMY FAY

NEWTON POLICE DEPART

04/18/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date