Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	State Police
05/19/2022	17:02 24HR	NEWTON	2	0	30	☐
					Latitude	Local Police ☒
					Longitude	MBTA Police ☐
						Other:

AT INTERSECTION: < LOCATION > **NOT AT INTERSECTION:**

1 **1**

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 **99**

Route# Direction Name of Intersecting Roadway/Street

NORTH 90 HANCOCK ST

Route# Direction Address # Name of Roadway/Street

2 9

2 10

Feet N S E W of Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

3 11

3 ☒ Vehicle 1 0 #Occupants ☐ Hit/Run ☐ Moped Case Number 22000424

License # St DOB/Age

Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment

4 **1**

Operator Last First Middle

Address

City State Zip

Insurance Company ALLSTATE

5

Vehicle Travel Direction: ☒ S E W Responding to Emergency? N

Citation # (If Issued)

Violation 1: Ch Sec Violation 2: Ch Sec

6 **99**

Violation 3: Ch Sec Violation 4: Ch Sec

Reg # KDK7314 Reg Type PAS Reg State MA

Veh Year 2018 Veh Make HONDA Veh Config. 1 20

Owner PATON CARRIE A

Last First Middle

3 12

Address 55 SPICE MILL BLVD

City CLIFTON PARK State NY Zip 12065

Vehicle Action Prior to Crash 11 21

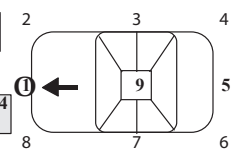
Event Sequence 2 22 22 22 22

Most Harmful Event 2 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed N

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

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	- - - - - - - -	- - -	- - -								

2 13

7 **1**

Please Select One of the Following: ☒ Vehicle 2 1 #Occupants ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 ☐ Hit/Run ☐ Moped

License # --- St MA DOB/Age -- -- ----

Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Endorsment

8 **1**

Operator HOMAN QUENTIN

Last First Middle

Address 90 HANCOCK ST

City AUBURNDALE State MA Zip 02466

Insurance Company COMMERCE

Vehicle Travel Direction: N ☒ 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

Reg # 1CRX3 Reg Type AHN Reg State MA

Veh Year 2021 Veh Make WINNEBAGO Veh Config. 14 20

Owner (Same as operator)

Last First Middle

Address

City State Zip

Vehicle Action Prior to Crash 10 21

Event Sequence 2 22 22 22 22

Most Harmful Event 2 23

Driver Contributing Code 19 24 24

Underride/Override 25 Towed N

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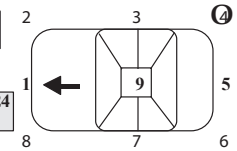

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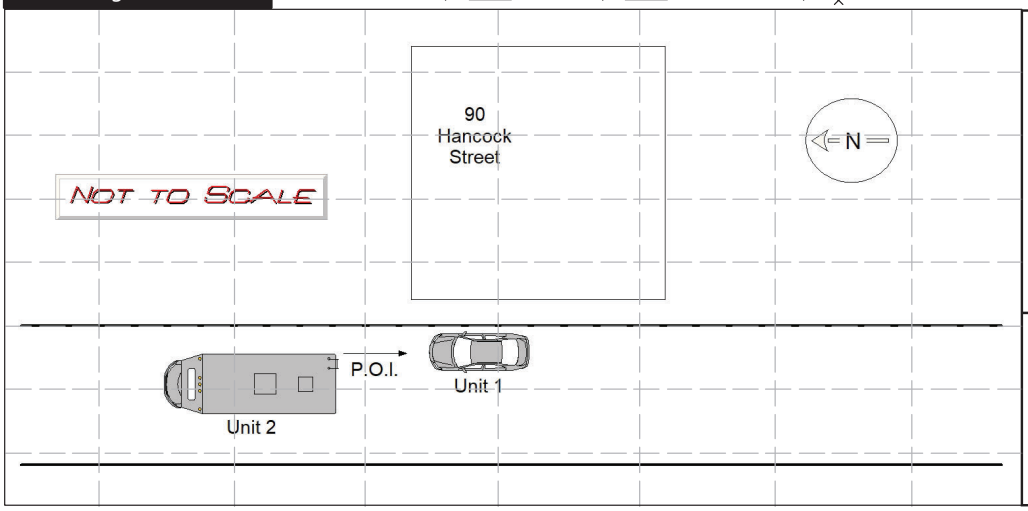
Operator/Non-Motorist	See Above	- - - - - - - -	- - -	- - -	1	4	99	0	0	10	1	

Crash Diagram:

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

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:

Owner of MV1 states the vehicle was parked on Hancock Street in front of number 90 on Tuesday May 10th 2022. They came out to the vehicle with front end damage and a note with a name and phone number (operator of MV2). Operator of MV2 would not provide insurance information to owner of MV1 and was refusing to pay for total amount of damage, but did state he backed into MV1. At that point Owner of MV1 contacted police for assistance. I was provided the name of the operator of MV2 and after investigation concluded they resided at the address where the accident occurred.

I went and spoke to operator of MV2 who states on the morning of May 10th he did back into MV1 and left a note with contact info. Operator of MV2 did not believe he did all the damage to MV1. I was shown the damage to MV2 and the operator of MV2 stated he would contact the owner of MV1 to arrange payment or provide

(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 [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]

ALLAN L CICCONE, III		NEWTON POLICE DEPARTM			05/19/2022
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

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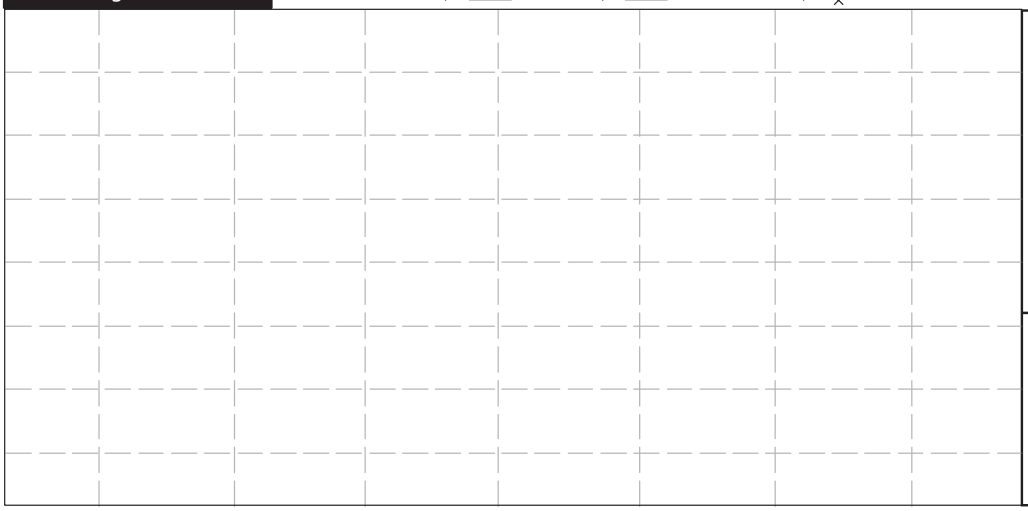

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Indicate North by Arrow

Crash Narrative:

insurance information. I informed all parties there would be an accident report. No reported injuries.

Witnesses:

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Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

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