

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 05/31/2022		Time of Crash 11:07 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 20 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	
CHARLEMONT ST												2	
Route# Direction Name of Roadway/Street				At		Route# Direction Address # Name of Roadway/Street						10	
NORTH NEEDHAM ST						Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number						11	
Route# Direction Name of Intersecting Roadway/Street				Also at Intersection with		Feet N S E W of _____ Route# Intersecting Roadway/Street						3	
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 22000468							
License # --- St MA DOB/Age ---				Reg # 6LN678 Reg Type PAN Reg State MA								12	
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2016 Veh Make JEEP Veh Config. 2 20									
Operator FEINBERG TALIA				Owner FEINBERG ROBERT								1	
Address 210 NAHANTON				Address 210 (apt. 507) NAHANTON ST									
City NEWTON State MA Zip 02459				City NEWTON State MA Zip 02459									
Insurance Company SAFECO				Vehicle Action Prior to Crash 2 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled							
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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 See Above				-----		99		4 99		0 0 10 1			
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 # V63388 Reg Type CON Reg State MA									
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2021 Veh Make INTL Veh Config. 10 20									
Operator NEE PATRICK				Owner EVERSOURCE ENER									
Address 106 MARINE RD (apt. 1)				Address 1165 MASSACHUSETTS AVE									
City BOSTON State MA Zip 02127				City BOSTON State MA Zip 02119									
Insurance Company LIBERTY				Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N				Event Sequence 1 22 22 22 22		2 3 4 5 6 7 8 9 10 Undercarriage 11 Totaled							
Citation # (If Issued) _____				Most Harmful Event 1 23									
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24									
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N									
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				-----		99		4 99		0 0 10 1			

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Needham St.

Charlemont St.

Vehicle #1

Trailer

Vehicle #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:

Operator of vehicle #1 stated she was travelling northbound on Charlemont St. approaching Needham St. Operator #1 stated she observed vehicle #2, an Eversource truck pulling a trailer with a utility pole, stopped in front of her. Operator #1 stated that she had stopped just to the right rear of vehicle #2 and observed the truck starting to pull forward. Operator #1 stated she was beeping her horn to gain the attention of the driver but could not. The trailer of vehicle #2 struck vehicle #1. Operator of vehicle #2 stated he had stopped on Charlemont St. just prior to Needham St. Operator #2 stated that he did not see vehicle #1 before moving forward and the trailer of vehicle #2 struck vehicle #1.

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 # V63388 (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 #: B14738 Reg Type TRN Reg State MASSAC Reg Year 2017 Trailer Length 1 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

DANIEL NARDELLI

NEWTON POLICE DEPART

05/31/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date