

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 06/21/2022		Time of Crash 21:13 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	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				NORTH 255 CHERRY ST 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	
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000552						2	
License # --- St MA DOB/Age ---				Reg # 1XFY75 Reg Type PAN Reg State MA								12	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2018 Veh Make KIA Veh Config. 1 20								1	
Operator ANTONELLIS RICHARD Last First Middle				Owner (Same as operator) Last First Middle								1	
Address 102 CRANE ST				Address _____								1	
City NORTON State MA Zip 02766				City _____ State _____ Zip _____								13	
Insurance Company ARBELLA MUTUAL				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)								2	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 2 22 22 22 22 2 23 24 24 25 Towed Y								11	
Citation # (If Issued) _____				Most Harmful Event 2 23 24 24 25 Towed Y								11	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 18 24 24 25 Towed Y								11	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y								11	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								13	
Operator See Above				Operator See Above								2	
REEBES, AMY				102 CRANE ST NORTON, MA 02766								2	
												2	
												2	
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 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped												14	
License # _____ St _____ DOB/Age _____				Reg # 1BCS62 Reg Type PAN Reg State MA								20	
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____				Veh Year 2017 Veh Make TOYOTA Veh Config. 20								20	
Operator _____ Last First Middle				Owner PRUY KATHLEEN Last First Middle								20	
Address _____				Address 244 (apt. 1) CHERRY ST								20	
City _____ State _____ Zip _____				City NEWTON State MA Zip 02465								20	
Insurance Company THE COMMERCE INSURANCE				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)								20	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 2 23 24 24 25 Towed Y								20	
Citation # (If Issued) _____				Most Harmful Event 1 23 24 24 25 Towed Y								20	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24 25 Towed Y								20	
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed Y								20	
Please fill out for operator and all occupants involved				26 27 28 29 30 31 32 33 Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility								20	
Operator/Non-Motorist See Above				Operator/Non-Motorist See Above								20	
												20	
												20	
												20	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

255 Cherry St

Cherry St

Unit 2

P.O.I.

Unit 1

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

N

Crash Narrative:

MV 1 was traveling straight northbound on Cherry St when he rear ended MV 2. The operator of MV 1 (Mr. Richard Antonellis) stated he did not see the parked vehicle due to poor lighting in the roadway. I observed the street light where the crash occurred to be blocked by multiple trees on the side walk. The operator of MV 1 was not injured during the accident and signed a patient refusal with Fallon medics. The passenger of MV 1 sustained a minor cut on her nose and was treated on scene with Fallon medics and signed a refusal to be transported. MV 1 sustained major damage to its front and right side. Front and side airbags also deployed. MV 1 was towed by Tody's due to it being disabled

MV 2 was legally parked on the right side of Cherry St facing Northbound. MV 1 rear ended MV 2. MV 2 was unoccupied and parked when the crash occurred. MV 2 sustained major damage to its rear and left side. MV 2

(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

DONALD MURPHY

NEWTON POLICE DEPART

06/22/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

