

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/04/2022		Time of Crash 18:00 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 _____				NORTH 367 ALBEMARLE RD Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ Feet [N][S][E][W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ Feet [N][S][E][W] of _____ Route# _____ Intersecting Roadway/Street _____ Feet [N][S][E][W] of _____ Landmark _____								2	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												4		
<input checked="" type="checkbox"/> Vehicle 1 4 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 22000598						
License # _____ St MA DOB/Age _____				Reg # 92BG37 Reg Type PAN Reg State MA										
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2015 Veh Make CHEV Veh Config. 2 20										
Operator LANDRY ADAM				Owner LANDRY NANCY									12	
Address 64 PARSONS ST				Address 64 PARSONS ST										
City NEWTON State MA Zip 02465				City WEST NEWTON State MA Zip 02465										
Insurance Company USAA				Vehicle Action Prior to Crash 1 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N				Event Sequence 2 22 22 22 22				2 ③ ④						
Citation # (If Issued) T3045462				Most Harmful Event 2 23				1 ⑨ 10 Undercarriage						
Violation 1: Ch A7/17 Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 19 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6						
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					2	
Operator See Above				1 4 4 0 0 10 1										
MANCONE, LUCA 159 ADAMS ST NEWTON, MA 02458				11 1 4 4 0 0 10 1										
ROGAN JR, MICHAEL, PATRICK 24 R MIDDLE ST NEWTON, MA 02458				11 1 4 99 0 0 10 1										
DONNELLY, ALEX 333 LOWELL AVE NEWTON, MA 02465				11 1 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 # M4921A Reg Type MVN Reg State MA										
Sex M Lic. Class A 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2020 Veh Make MAC Veh Config. 6 20										
Operator FLORESTAL JACKSON				Owner CITY OF NEWTON DPW										
Address 1000 COMMONWEALTH AVENUE				Address 110 CRAFTS ST										
City NEWTON State MB Zip 02459				City NEWTON State MA Zip 02458										
Insurance Company SELF				Vehicle Action Prior to Crash 11 21				Damaged Area Code: (Circle Up to Three)						
Vehicle Travel Direction: [X][S][E][W] Responding to Emergency? N				Event Sequence 1 22 22 22 22				2 3 4						
Citation # (If Issued) _____				Most Harmful Event 1 23				1 ⑨ 10 Undercarriage						
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____				Driver Contributing Code 1 24 24				5 11 Totaled						
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				Underride/Override 25 Towed N				8 7 6						
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				1 4 4 0 0 10 1										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 → Pedestrian

Crash Diagram:

367 ALBEMARLE RD

WATERTOWN ST

ALBEMARLE RD

← N →

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:

Operator of vehicle one stated that while passing parked vehicle two the right side of the his vehicle scraped up against vehicle two's front driver's side bumper. Vehicle two was a City of Newton DPW truck that was parked in front of 367 Albemarle Rd waiting to block off the street for the Fourth of July fireworks at Albemarle field. Vehicle one's operator stated that he could not pull to the side of the road after the crash because of heavy traffic due to the Fourth of July activities in the area. He did stop at his residence approximately two blocks from the crash area. Vehicle one had damage to the passenger side front and rear as well as the rear bumper. None of the occupants of vehicle one stated that they were injured. The owner of vehicle one had concerns about the amount of room that the DPW tuck took up on the roadway. It should be noted that a City of Newton DPW worker measured out the length of the roadway from the truck's front bumper

(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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

07/04/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:



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:

to the grass line and it was 11 1/2 feet. According to the General Motors web site the width of vehicle one is 6 feet 7 inches. Operator of vehicle two stated that he was sitting in the driver side of the truck when vehicle one passenger side scraped up against it, and that he was not injured. Vehicle two front bumper had damage to it. It took photos of both vehicles and forward the disk to the NPD's IT Bureau for downloading. I issued operator of vehicle one MA Uniform Citation T 3045462 and cited him for a violation of City of Newton Ordinance 19/75 failure to use care while passing. Albemarle Rd is a public way in the City of Newton.

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

MICHAEL A MCSWEENEY

NEWTON POLICE DEPART

07/04/2022

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date