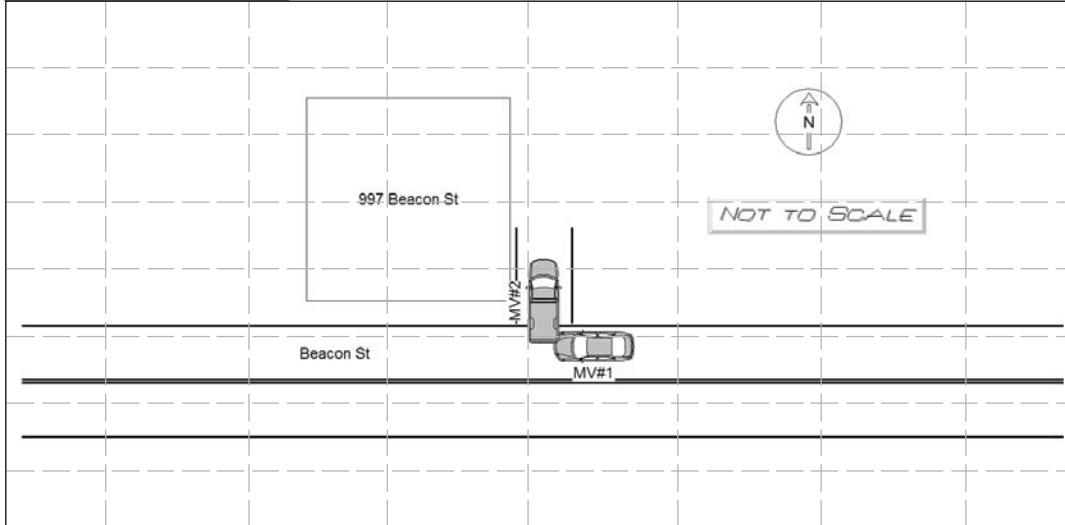


Police Use Only			Commonwealth of Massachusetts				RMV Document Number											
Date of Crash 01/05/2019	Time of Crash 17:05 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>									
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:													
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 997 BEACON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ • _____ or _____ Mile Marker _____ Exit Number _____															
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____															
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 190000022											
License # _____ St MA DOB/Age _____			Reg # 418FY7		Reg Type PAN		Reg State MA											
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2005		Veh Make ACURA		Veh Config. 1 20											
Operator ROSS-DECTER MARJORIE Last First Middle			Owner (Same as operator)		Last First Middle													
Address 20 VINE ST			Address _____		City _____ State MA Zip 02467		City _____ State _____ Zip _____											
Insurance Company SAFETY			Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22		1 23		10 Undercarriage 11 Totaled											
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed Y											
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		-----		---		---	99	4	99	0	0	5	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 MD DOB/Age _____			Reg # R68898		Reg Type CON		Reg State MA											
Sex M Lic. Class C 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2015		Veh Make TOYOTA		Veh Config. 2 20											
Operator GONZALEZ WILSON Last First Middle			Owner WE PAINTING AND GENERAL SERVICE		Last First Middle													
Address 3001 W GARRISON AVE			Address 379 (apt. 2) MAIN ST		City WOBURN State MA Zip 01801		City _____ State _____ Zip _____											
Insurance Company OHIO SECURITY			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)													
Vehicle Travel Direction: N X E W Responding to Emergency? _____			Event Sequence 1 22 22 22 22		2 23		10 Undercarriage 11 Totaled											
Citation # (If Issued) _____			Most Harmful Event 1 23		Driver Contributing Code 19 24 24		Underride/Override 25 Towed N											
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		-----		---		---	99	4	99	0	0	5	1		

→ 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:

MV#1 was traveling west on Beacon St. MV#2 was backing out of the driveway of 997 Beacon St. MV#1 crashed into MV#2.

Operator of MV#1 stated that she did not see MV#2 backing out of the driveway when she crashed into him.

Operator of MV#2 stated the same, that as he was backing out, he did not see MV#1 traveling on Beacon St.

MV#1 was towed off scene by AAA.

MV#2 was driven off scene.

No injuries occurred.

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