

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 01/11/2019		Time of Crash 11:10 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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 _____				WEST 978 BOYLSTON ST 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 _____												11	3
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000044							
License # _____ St MA DOB/Age _____ Sex M Lic. Class A 18 M 18 Lic. Restrictions 1 19 CDL X Operator BEECH ROLLACE A Address 54 NAHANT ST (apt. 3) City REVERE State MA Zip 02151 Insurance Company OLD REPUBLIC INS.				Reg # 7005A Reg Type APN Reg State MA Veh Year 2019 Veh Make MACK Veh Config. 10 20 Owner RETAIL LLC SUNOCO Address 3801 WEST CHESTER PIKE City NEWTON SQUARE State PA Zip 19073 Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 18 24 24 Underride/Override 25 Towed N								7	12
Vehicle Travel Direction: [N S E W] Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____				10 Undercarriage 5 11 Totaled									
Please fill out for operator and all occupants involved												13	1
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													
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 2 #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 _____ Sex M Lic. Class D 18 18 Lic. Restrictions 2 19 CDL _____ Operator SMITH RONLAD J Address 350 BOYLSTON ST (apt. 302) City NEWTON State MA Zip 02459 Insurance Company SAFETY INS				Reg # 225VH7 Reg Type PAN Reg State MA Veh Year 2017 Veh Make MERZ Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								8	1
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Operator/Non-Motorist See Above													
SMITH, SHARI, B 350 BOYLSTON ST (apt 302) NEWTON, MA 02459													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    → Pedestrian

**Crash Diagram:**

NOT TO SCALE

BOYLSTON ST

RAMSDELL ST

#978 BOYLSTON ST-CVS

Unit 2

Unit 1

BACKING UP

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:**

Veh #1 is a semi-trailer and was attempting to back up in the parking lot of #978 Boylston St-CVS when it collided with veh # 2. No damage to veh #1

Veh #2 stated he was attempting to go around veh #1 in the parking lot when veh #1 backed into him. Damage to veh #2 rear drivers side door.

**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 # 7005A (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 #: SM96688 Reg Type SMN Reg State MASSAC Reg Year 2019 Trailer Length 97 39

**Hazmat Information:**

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

ZACHARY S RAYMOND

NEWTON POLICE DEPT.

01/11/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date