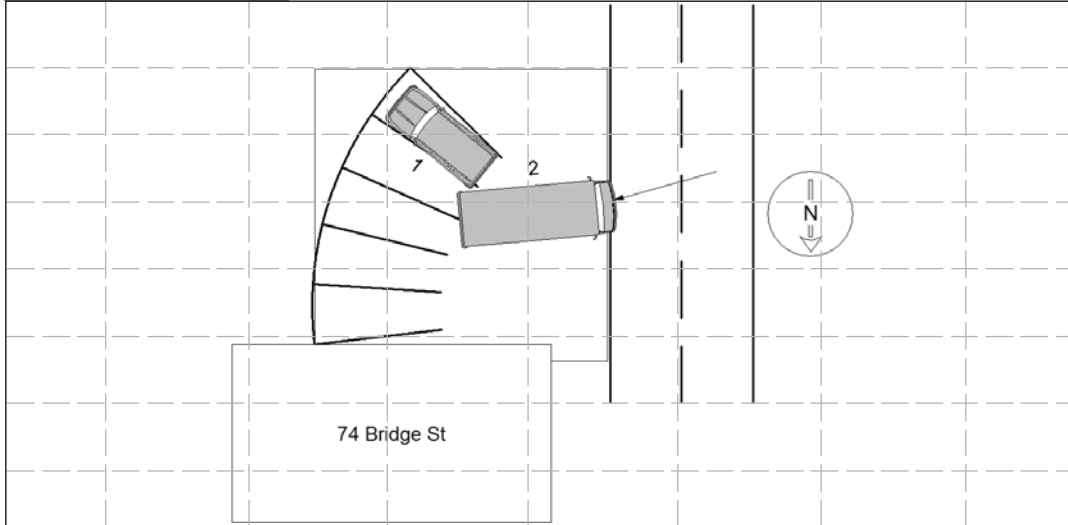


Police Use Only						Commonwealth of Massachusetts								RMV Document Number									
Date of Crash 01/16/2019	Time of Crash 15:09 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit 20 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:								
AT INTERSECTION:						<	LOCATION				>	NOT AT INTERSECTION:											
																				2			
Route# Direction Name of Roadway/Street At						NORTH 74 BRIDGE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of . or Mile Marker Exit Number														10 2			
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street														11 4			
Route# Direction Name of Intersecting Roadway/Street						Landmark																	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000058													
License # St DOB/Age Reg # 8TGK90 Reg Type PAN Reg State MA						Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year 2015 Veh Make TOYOTA Veh Config. 20														12 7			
Operator Last First Middle Owner DAFONSECA AMILTA						Address 330 GROVE ST City NEWTON State MA Zip 02453																	
Insurance Company COMMERCE INSURANCE						Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: N S X W Responding to Emergency?						Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N																	
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Diagram: A circle divided into 11 sections. Section 9 is circled. Arrows point to section 1 and section 9.																	
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														13 2			
Operator See Above																							
Please Select One of the Following:						<input type="checkbox"/> Vehicle #Occupants <input checked="" type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped																	
License # St DOB/Age Reg # Reg Type Reg State						Sex M Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year Veh Make Veh Config. 20																	
Operator GROUTS DAN Owner Last First Middle						Address City State Zip																	
Insurance Company						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: N S E W Responding to Emergency?						Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 24 Underride/Override 25 Towed																	
Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec						Diagram: A circle divided into 11 sections. Section 9 is circled. Arrows point to section 1 and section 9.																	
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																							

→ 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:

The owner of Vehicle #1 stated that she witnessed the rear driver's side of her bumper get damaged by a FedEx truck was reversing into the parking lot at 74 Bridge St. The plate she offered me did not come back. I have spoken to a manager at the FedEx corporate office named Dan Grouts. His information was given to Ms. DaFonseca to resolve this matter.

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