

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 01/19/2019	Time of Crash 14:14 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			SOUTH 200 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 4				
2 2			3 2								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000067		
License # St DOB/Age			Reg # Reg Type UNK Reg State XX			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year UNK Veh Make UNK Veh Config. 97 20		
Operator Last First Middle			Owner Last First Middle			City State Zip			City State Zip		
Address			Address			Insurance Company			Vehicle Action Prior to Crash 99 21 Damaged Area Code: (Circle Up to Three)		
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 2 22 2 22 2 22 2 22			Most Harmful Event 2 23			Driver Contributing Code 99 24 99 24		
Citation # (If Issued)			Underride/Override 25 Towed Y			10 Undercarriage 5 11 Totaled			12 1		
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			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			-----								
7 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 checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			License # St ND DOB/Age			Reg # 539AAR Reg Type PAN Reg State ND		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2008 Veh Make HONDA Veh Config. 2 20			Operator QUINTUS AUBREY			Owner (Same as operator)		
Address 410 2ND AVE NW			Address			City MANDAN State ND Zip 58554			City State Zip		
Insurance Company UNKNOWN			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 1 22 1 22 1 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 1 24		
Citation # (If Issued)			Underride/Override 25 Towed Y			10 Undercarriage 5 11 Totaled			13 1		
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 4 0 0 5 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

200 Boylston st

Unit 1

Unit 2

N

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:

Aubrey Quintus states that she parked ND Reg 539AAR at 200 Boylston St in the parking lot. When she came back to her vehicle she noticed the right side had been struck by an unidentified vehicle. No witnesses, injuries or tow. Quintus was advised.

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