

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 01/21/2019	Time of Crash 03:05 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> 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 17 CHARLES RIVER TER Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000087	
License # _____ St MA DOB/Age _____			Reg # TA747D			Reg Type TAN			Reg State MA	
Sex M Lic. Class M 18 D 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2014			Veh Make TOYT			Veh Config. 1 20	
Operator JIGMEY PEMA			Owner CAB PHOTO							
Address 84 ALEXANDER AVE			Address 470 W BROADWAY							
City MEDFORD State MA Zip 02155			City SOUTH BOSTON State MA Zip 02127							
Insurance Company PROTECTIVE INS CO			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 10 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 10 23			1 2 3 4 5 6 7 8 9 10 11			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N							
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			---			---			NONE	
JOST, MIRIAM 17 CHARLES RIVER TR NEWTON, MA 02459			---			F 6 1 4 4 0 0 5 1			NONE	
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ DOB/Age _____			Reg # _____			Reg Type _____			Reg State _____	
Sex _____ Lic. Class M 18 D 18 Lic. Restrictions 1 19 CDL _____			Veh Year _____			Veh Make _____			Veh Config. 20	
Operator _____			Owner _____							
Address _____			Address _____							
City _____ State _____ Zip _____			City _____ State _____ Zip _____							
Insurance Company _____			Vehicle Action Prior to Crash 21			Damaged Area Code: (Circle Up to Three)				
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence 22 22 22 22			2 3 4			10 Undercarriage	
Citation # (If Issued) _____			Most Harmful Event 23			1 2 3 4 5 6 7 8 9 10 11			11 Totaled	
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 24 24							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed _____							
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:**

Charles river ter

17 Charles river ter

Veh 1

← 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:**

On 1/21/19 I was working N498 when I responded to 17 Charles River Ter for a report of a Cab that had struck a wall. Upon arrival I met with Pema Jigmei and Miriam Jost. Jost stated that Pema who was driving for Metro Cab (or Photo Cab) picked her up at the airport and brought her home. Once at her home 17 Charles River Ter, she asked him to back into the driveway due to the snow and ice conditions. While backing up in the driveway of 17 Charles River Ter the vehicle struck the residence causing damage.

Pema stated the same thing but believed Jost was half to blame due to the fact she asked him to be dropped in the driveway. I informed Pema that he drove the vehicle into the house and so was at fault. The house only appeared to suffer minor cosmetic damages but could not be accurately examined. Pema and Jost exchanged information in the hopes of settling the damages without insurance. Both parties were satisfied and provided

(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
MIRIAM, JOST,	17 CHARLES RIVER TER NEWTON, MASSACHUSETTS	6176962891	97	17 CHARLES RIVER TER PRI RESIDENCE

**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

