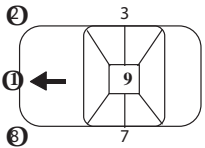
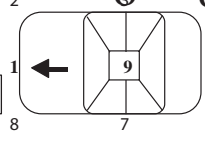


Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/03/2019	Time of Crash 14:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>15</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 _____			NORTH 33 AUSTIN ST 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 <u>1</u> #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000141			
License # _____ St MA DOB/Age _____			Reg # 977GE4		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2003		Veh Make TOYOTA		Veh Config. <u>1</u> <u>20</u>			
Operator SCULLY GINA M			Owner (Same as operator)							
Address 16 BEACH ST			Address _____							
City NEWTON State MA Zip 02458			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash <u>11</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>1</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>1</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator See Above			-----		---		0 4 99 0 0 5 1			
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants			<input type="checkbox"/> Non-Motorist A Type <u>14</u>		Action <u>15</u> Location <u>16</u> Condition <u>17</u>		<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			
License # _____ St MA DOB/Age _____			Reg # 819VR6		Reg Type PAN		Reg State MA			
Sex F Lic. Class <u>D</u> <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____			Veh Year 2016		Veh Make JEEP		Veh Config. <u>2</u> <u>20</u>			
Operator CHUNG JOANNA			Owner (Same as operator)							
Address 142 COLONIAL AVE			Address _____							
City WALTHAM State MA Zip 02453			City _____ State _____ Zip _____							
Insurance Company COMMERCE			Vehicle Action Prior to Crash <u>3</u> <u>21</u>		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____			Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u>				10 Undercarriage 5 11 Totaled			
Citation # (If Issued) _____			Most Harmful Event <u>2</u> <u>23</u>							
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <u>19</u> <u>24</u> <u>24</u>							
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <u>25</u> Towed N							
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility										
Operator/Non-Motorist See Above			-----		---		1 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:

On 2/3/19, I was dispatched to 33 Austin St (Star Market) for an accident in the parking lot. On arrival I met with the operator of MV2 (MA Reg: 819VR6). MV2 stated that she was turning into the Star Market parking lot while someone was exiting the lot in the wrong direction. MV2 stated that due to the other vehicle going out the wrong way, she had to move over and collided with MV1. The operator of MV2 stated that her car came in contact with the drivers side front bumper of MV1.

The operator of MV1 (MA Reg: 977GE4) was not on scene at the time of the accident. MV1 later arrived on scene and was appraised of what happened. MV1 was parked and unoccupied when it was hit by MV1.

☐ MV1 sustained damage to the passengers side. MV2 sustained damage to the front of the vehicle. Neither party was injured.

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

ANDREW SCOTT VELLO

NEWTON POLICE DEPART

02/03/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date