

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/06/2019	Time of Crash 14:07 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 1	Number Injured 0	Speed Limit <u>30</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 697 WASHINGTON 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 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000151	
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company OCCIDENTAL			Reg # 6XR953 Reg Type PAS Reg State MA Veh Year 2015 Veh Make TOYOTA Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20 Owner CAMILLE YVIATANE Address 337 (apt. 4) ST PAUL STREET City BROOKLINE State MA Zip 02446 Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 1 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 1 <input type="checkbox"/> 23 <input type="checkbox"/> 9 Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed N <input type="checkbox"/> 8 10 Undercarriage 5 11 Totaled							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										
Citation # (If Issued) _____										
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 See Above										
Please Select One of the Following: <input type="checkbox"/> Vehicle _____ #Occupants <input type="checkbox"/> Non-Motorist A Type <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <input type="checkbox"/> 20 Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <input type="checkbox"/> 21 Damaged Area Code: (Circle Up to Three) Event Sequence <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Most Harmful Event <input type="checkbox"/> 23 <input type="checkbox"/> 9 Driver Contributing Code <input type="checkbox"/> 24 <input type="checkbox"/> 24 Underride/Override <input type="checkbox"/> 25 Towed _____ 8 <input type="checkbox"/> 7 <input type="checkbox"/> 6 10 Undercarriage 5 11 Totaled							
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? _____										
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Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____										
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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:

OWNER OF MV 1 STATED SHE PARKED HER 2015 TOYOTA VENZA LEGALLY ON WASHINGTON STREET IN FRONT OF 697 WASHINGTON STREET (GARDEN REMEDIES) AT 10:50 AM TODAY. AT 2:00 PM SHE WENT BACK TO HER VEHICLE AND NOTICED FRESH DAMAGE TO HER FRONT LEFT SIDE OF HER BUMPER. THERE ARE CAMERAS LOCATED OUTSIDE OF 697 WASHINGTON ST AND THE VEHICLE OWNER WHO WORKS AT GARDEN REMEDIES WILL INQUIRE WHETHER OR NOT THE CAMERAS CAPTURE VIDEO NEAR HER VEHICLE. NO NOTE WAS LEFT AND NO WITNESSES TO THE CRASH AT THIS TIME.

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

MATTHEW W COLELLA **NEWTON POLICE DEPT** **02/06/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00