

Police Use Only		Commonwealth of Massachusetts		RMV Document Number					
Date of Crash 03/08/2019	Time of Crash 17:14 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 275 CENTRE ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number						
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street						
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark						
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped	Case Number 190000252					
License # --- St MA DOB/Age ---			Reg # 43TF04 Reg Type PAN Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2003 Veh Make NISSAN Veh Config. 1 20						
Operator ARKHITEKTOROVA IULIA Last First Middle			Owner GAPONOV VADIM V Last First Middle						
Address 17 BACON ST			Address 17 BACON ST						
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458						
Insurance Company ARBELLA MUTUAL INS			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)			
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 1 22 22 22 22			2 3 4			
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24			5 11 Totalled			
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N			8 7 6			
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			-----			99 4 4 0 0 5 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 type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
License # --- St MA DOB/Age ---			Reg # 18KK67 Reg Type PAN Reg State MA						
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL			Veh Year 2019 Veh Make TOYOTA Veh Config. 1 20						
Operator DOLAN NOREEN Last First Middle			Owner (Same as operator) Last First Middle						
Address 37 LOWELL AVE			Address						
City WATERTOWN State MA Zip 02472			City State Zip						
Insurance Company COMMERCE INS			Vehicle Action Prior to Crash 1 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			3 4			
Citation # (If Issued)			Most Harmful Event 1 23			10 Undercarriage			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24			5 11 Totalled			
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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			-----			99 4 4 0 0 5 1			

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian
ie: → 1 → 2 →

Crash Diagram:

		If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
		Indicate North by Arrow

Crash Narrative:

On 03/08/2019, at 1714 hrs, I responded to 275 Centre St, Bertucci's parking lot, for a two car MVA. Upon arrival, I observed MV1 to have no damage to the rear end where she collided with MV2. MV2 had damage to the front passenger side door. The operator of MV1 stated that she did not see MV2 while she attempted to back out of a parking spot and collided with her passenger side. The operator of MV2 corroborated the story and stated she was attempting to exit the parking lot when MV1 backed into her passenger side.

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	