

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/09/2019	Time of Crash 11:30 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			NORTH 108 JACKSON RD 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				2 11				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000256		
License # --- St MA DOB/Age ---			Reg # 8HK885 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016 Veh Make ACURA Veh Config. 1 20		
Operator SINGH KISHLEEN K			Owner (Same as operator)			Address			Address		
City NEWTON State MA Zip 02461			City State Zip			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GEICO GENERAL			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: X S E W Responding to Emergency?			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility			Operator See Above			1 4 99 0 0 5 1			13 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 # 72K376 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment			Veh Year 2006 Veh Make LEXUS Veh Config. 2 20		
Operator DEVITO MARIAH			Owner DEVITO MARC C			Address			Address		
City NEWTON State MA Zip 02458			City NEWTON State MA Zip 02458			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GEICO GENERAL			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 99 24 24		
Vehicle Travel Direction: N X E W Responding to Emergency?			Underride/Override 25 Towed N			Citation # (If Issued)			10 Undercarriage 5 11 Totaled		
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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			13 1		

**Crash Narrative:**

OPERATOR#1 REPORTS THAT SHE WAS GOING N/B ON JACKSON RD WHEN SHE OBSERVED VEHICLE #2 BACKING UP IN HER DIRECTION. OPERATOR#1 THEN STOPPED AND ATTEMPTED TO REVERSE HER DIRECTION WHILE BEEPING HER HORN. VEHICLE #2 STILL ENDED UP BACKING INTO HER VEHICLE.

OPERATOR #2 REPORTED THAT SHE HAD JUST BACKED OUT OF HER DRIVEWAY TO #108 JACKSON RD TO ALLOW HER MOTHER TO GET HER VEHICLE OUT OF SAME DRIVEWAY.

VEHICLE #2 BACKED OUT S/B BUT WAS FACING N/B ON JACKSON RD. SHE FURTHER REPORTED THAT SHE WAS STOPPED PRIOR TO THE CRASH AND VEHICLE#1 DROVE INTO HER VEHICLE AS SHE WAS STOPPED WAITING FOR HER MOM TO BACK OUT OF THE DRIVEWAY. SHE DENIES BACKING UP INTO VEHICLE #1.

Property Damage:				
Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

THOMAS J MCCARTHY			NEWTON POLICE DEPT		03/09/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date
CDP1 11 :24:00					