

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 03/22/2019	Time of Crash 11:57 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			WEST 317 WATERTOWN ST Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Route# Intersecting Roadway/Street				Landmark				
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000311		
License # --- St MA DOB/Age ---			Reg # 5374GN Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment			Veh Year 2013 Veh Make HONDA Veh Config. 2 20								
Operator GLICK GAIL Last First Middle			Owner (Same as operator) Last First Middle								
Address 24 CARLTON ST			Address								
City NEWTON State MA Zip 02458			City State Zip								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 10 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S X W Responding to Emergency?			Event Sequence 2 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 19 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			-----			1 4 99 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 # 1APY31 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 2 19 CDL Endorsment			Veh Year 2018 Veh Make NISSAN Veh Config. 2 20								
Operator PATTERSON JEANNIE Last First Middle			Owner (Same as operator) Last First Middle								
Address 50 WATERTOWN ST			Address								
City WATERTOWN State MA Zip 02472			City State Zip								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency?			Event Sequence 1 22 22 22 22			10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			5 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/Non-Motorist See Above			-----			99 4 99 3 0 5 1					

→ Direction 1 Vehicle 1 2 Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

ANTOINES BAKERY #317 WATERTOWN ST

WATERTOWN ST

DALBY ST

STEAMERS SEAFOOD

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:

OPERATOR #1 STATED SHE WAS ON WATERTOWN ST IN FRONT OF ANTOINES BAKERY, BACKING UP INTO A PARKING SPACE SHE THOUGHT WAS OPEN WHEN SHE ACCIDENTLY BACKED INTO VEHICLE (2) WHICH WAS PARKED.

OWNER OF VEHICLE #2 WAS STANDING OUTSIDE HER PARKED VEHICLE IN FRONT OF #317 WATERTOWN ST, ANTOINES BAKERY WHEN VEHICLE #1 BACKED INTO HER CAR.

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