

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 04/17/2019	Time of Crash 08:47 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 20 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			EAST 73 WALNUT 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 190000384	
License # --- St MA DOB/Age ---			Reg # 9AK997 Reg Type PAN Reg State MA			Veh Year 2016 Veh Make TOYOTA Veh Config. 1 20				
Sex F Lic. Class D 18 D 18 Lic. Restrictions 1 19 CDL _____			Owner SOUZA VILMA			Address 21 LITTLE TREE LANE				
Operator DELOURDES-SILVA MARIA			City FRAMINGHAM State MA Zip 01702			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)				
Address 47 WILSON AVE			City FRAMINGHAM State MA Zip 01701			Event Sequence 1 22 1 22 1 22 2 2				
Insurance Company ALLSTATE			Vehicle Travel Direction: N S X W Responding to Emergency? _____			Most Harmful Event 1 23				
Citation # (If Issued) _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled				
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 --- 2 4 99 0 0 10 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 # 2889DC Reg Type PAN Reg State MA			Veh Year 2013 Veh Make HYUN Veh Config. 1 20				
Sex F Lic. Class D 18 D 18 Lic. Restrictions 1 19 CDL _____			Owner (Same as operator)			Address _____				
Operator WEATHERLY ELIZABETH			City NEWTON State MA Zip 02460			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)				
Address 89 WALNUT ST (apt. 2)			City _____ State _____ Zip _____			Event Sequence 1 22 22 22 22 2				
Insurance Company COMMERCE			Vehicle Travel Direction: N S X W Responding to Emergency? _____			Most Harmful Event 1 23				
Citation # (If Issued) _____			Driver Contributing Code 99 24 24			Underride/Override 25 Towed Y				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			10 Undercarriage 5 11 Totaled				
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 --- 1 4 99 0 0 10 1				

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

NOT TO SCALE

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 04/17/2019, I responded to the parking lot of 73 Walnut St for an accident. MV1 stated that she was driving her vehicle (MA Reg:2889DC) slowly through the parking lot when MV2 backed out of a parking spot and collided with her. MV2 was not on scene during my arrival but left all of her information. MV1 sustained damage on the passengers side. MV2 sustained damage on the passengers side rear bumper. Neither vehicle required a tow.

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 DEPT	04/17/2019
Police Officer Name (Please Print)	Signature	ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00