

Police Use Only			Commonwealth of Massachusetts										RMV Document Number								
Date of Crash 04/17/2019		Time of Crash 13:44		City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2		Number Injured 0		Speed Limit 25 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 Route# Direction Name of Intersecting Roadway/Street Also at Intersection with Route# Direction Name of Intersecting Roadway/Street						EAST 23 PLEASANT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Route# 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 1900000385													
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 18 Lic. Restrictions I 19 CDL Operator UMINER LEVI Address 163 BELLINGHAM RD City BROOKLINE State MA Zip 02467 Insurance Company CHURCH MUTUAL INS Vehicle Travel Direction: N S E X Responding to Emergency? Citation # (If Issued) T1443634 Violation 1: Ch 003 Sec Violation 2: Ch 90/11/A Sec Violation 3: Ch Sec Violation 4: Ch Sec										Reg # 9NX525 Reg Type PAN Reg State MA Veh Year 2017 Veh Make GMC Veh Config. 20 Owner CHABAD LUBAVITC CHESTNUT HILL Address 163 BELLINGHAM RD City BROOKLINE State MA Zip 02467 Vehicle Action Prior to Crash 10 21 Event Sequence 2 22 22 22 22 Most Harmful Event 2 23 Driver Contributing Code 8 24 97 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled											
Please fill out for operator and all occupants involved										26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Medical Facility											
Operator See Above										99 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 --- Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Operator PROTANO JANICE Address 63 NOD RD City GROTON State MA Zip 01450 Insurance Company SAFETY Vehicle Travel Direction: N S X W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec										Reg # 1DW557 Reg Type PAN Reg State MA Veh Year 2018 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 11 21 Event Sequence 1 22 22 22 22 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled											
Please fill out for operator and all occupants involved										26 27 28 29 30 31 32 33 Seat Safety Airbag Airbag Eject Trap Injury Transp. Pos. System Status Switch Code Code Status Code Code Medical Facility											
Operator/Non-Motorist See Above										99 4 99 0 0 10 1											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Pleasant St
ONLY
Unit 1
Unit 2
CVS
Pelham St Lot Driveway
N
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:

Mv#1 operator was travelling on Pleasant St E/B (one way). Near the end of Pleasant St, #1 reversed backing down Pleasant St the wrong way in order to reach the Pelham St Municipal Parking Lot driveway (instead of continuing onto Centre St and turning onto Pelham St directly to reach the parking lot). While backing the wrong way, #1 veered into Mv#2 that was legally parked in a space on Pleasant St. #2 was sitting in her MV, not operating, at the time of the collision.

#1 passenger side rear struck #2 driver's side front. Both MVs sustained moderate damage. No injuries. #1 was issued citation #T1443634 for CO Ch19/Sec 85 one way violation and Ch90/Sec 11 no license in possession.

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