

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 04/19/2019		Time of Crash 18:24 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 35 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:						9	
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				EAST 719 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N S E W] of _____ Landmark _____								2	10
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____													
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													4
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000394					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company COMMERCE INS				Reg # NE96BE Reg Type PAS Reg State MA Veh Year 2011 Veh Make MDX Veh Config. [1][20] Owner CLOSE STEPHEN Address 27 CRAFT ST City WALTHAM State MA Zip 02453 Vehicle Action Prior to Crash [11][21] Damaged Area Code: (Circle Up to Three) Event Sequence [1][22][22][22][22] 2 3 4 Most Harmful Event [1][23] 10 Undercarriage Driver Contributing Code [1][24][24] 5 11 Totaled Underride/Override [25] Towed Y									
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 _____													
Please fill out for operator and all occupants involved												13	2
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													
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 M Lic. Class [D][18][18] Lic. Restrictions [1][19] CDL _____ Operator MIRANDA JAUN CARLOS Address 103 FALCON ST City BOSTON State MA Zip 02128 Insurance Company COMMERCE				Reg # 9AV179 Reg Type PAN Reg State MA Veh Year 2011 Veh Make FORD Veh Config. [1][20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [1][21] Damaged Area Code: (Circle Up to Three) Event Sequence [2][22][22][22][22] 2 3 4 Most Harmful Event [2][23] 10 Undercarriage Driver Contributing Code [19][24][24] 5 11 Totaled Underride/Override [25] Towed N									
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 _____													
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													

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

**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 was parked outside 719 Washington St (was not occupied at the time) when MV#2 attempted to park in front of MV#1. MV#2 side swiped MV#1 on the front driver side causing moderate damage to MV#1.

MV#1 was Towed at the request of the owner, Tody's took posetion of the vehicle.

MV#2 stated he did not sustain any injuries at this time.

**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