

Police Use Only			Commonwealth of Massachusetts				RMV Document Number									
Date of Crash 04/27/2019		Time of Crash 17:16 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 25 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 _____				WEST 1349 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 _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ Landmark _____								2	10			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												11	2			
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____																
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000430										
License # _____ St MA DOB/Age _____ Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Operator CICCONI III ALLAN LOUIS Address 1321 WASHINGTON ST City NEWTON State MA Zip 02465 Insurance Company ALLSTATE				Reg # 396FJ3 Reg Type PAN Reg State MA Veh Year 2015 Veh Make CHEVROLET Veh Config. 2 20 Owner FERGUSON ANDREA Address 1321 WASHINGTON STREET City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 99 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 N 6								12				
Please fill out for operator and all occupants involved				13												
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				2												
Operator See Above																
FERGUSON, ANDREA 1321 WASHINGTON STREET NEWTON, MA 02460																
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 CASLER PETER Address 19 FENNO RD City NEWTON State MA Zip 02459 Insurance Company COMMERCE				Reg # YM44 Reg Type PAN Reg State MA Veh Year 2005 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three) Event Sequence 99 22 22 22 22 2 3 4 Most Harmful Event 2 23 10 Undercarriage Driver Contributing Code 99 24 24 5 11 Totaled Underride/Override 25 Towed N 6								13				
Please fill out for operator and all occupants involved				13												
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				2												
Operator/Non-Motorist See Above																

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Unit 2
Unit 1
P.O.I.
1349 Washington St

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 states he was parked in vehicle #1 (MA reg 396FJ3) in front of 1349 Washington St when vehicle #2 (MA reg 61YM44) backed into him. Operator #2 states he was backing up in his metered space and "may or may not have" made contact with vehicle #1 while doing so. Operator #2 was not sure if he hit vehicle #1 however Operator #1 and the witness/vehicle owner in the passenger seat state they distinctly felt vehicle #1 shake when vehicle #2 backed into them. There are minor scratches on both cars that appear consistent with Operator #1 and the witness' statements.

All parties declined medical attention and no tows were needed.

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