

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 05/15/2019	Time of Crash 15:29 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# Direction Name of Roadway/Street At			EAST 17 PELHAM 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			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000495			
License # --- St MA DOB/Age ---			Reg # 4PX985		Reg Type PAN		Reg State MA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2016		Veh Make TOYOTA		Veh Config. 1 20			
Operator TEACHER ANDREA Last First Middle			Owner TOYOTA FINANCIAL		Last First Middle					
Address 220 SCHOOL ST (apt. 11)			Address BOX 105386		Last First Middle					
City WALTHAM State MA Zip 02451			City ATLANTA		State GA Zip 30348					
Insurance Company COMMERCE			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 2 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24		8 7 6					
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		-----		---		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 checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped	
License # --- St DOB/Age ---			Reg # UNK		Reg Type UNK		Reg State XX			
Sex --- Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL Endorsment			Veh Year UNK		Veh Make UNK		Veh Config. 97 20			
Operator UNKNOWN UNKNOWN Last First Middle			Owner (Same as operator)		Last First Middle					
Address UNK UNK			Address		Last First Middle					
City UNK State XX Zip 00000			City		State Zip					
Insurance Company UNKNOWN			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		2 3 4		10 Undercarriage			
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Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 99 24 24		8 7 6					
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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		-----		---		10 1	

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

Crash Diagram:

17 Pelham St

NOT TO SCALE

Pelham St Parking Lot

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 in the Pelham St parking lot in front of Ms Heffernan Dry Cleaner. MV#1 was struck by an unknown MV#2. Operator of MV#1 observed the damage at approximately 1520 hrs. Operator of MV#1 stated that she had parked there at approximately 1207 hrs, and did not return to her vehicle prior of 1520 hrs.

A search was done for cameras facing the accident location, and none were found.

No vehicles towed.

No injuries occurred.

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