

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number			
Date of Crash 05/17/2019	Time of Crash 19:24 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:			
Route# Direction Name of Roadway/Street At			SOUTH 165 NEEDHAM 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 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000503	
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 9DSE60 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 1 20							
Operator Last First Middle Address			Owner GEVORGYAN RENA Address 87 (apt. 3) BEECH ST							
City State Zip			City BELMONT State MA Zip 02478							
Insurance Company SAFETY			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: N X E W Responding to Emergency?			Event Sequence 1 22 22 22 22 2 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							
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										
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 #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 Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # Reg Type UNKNOWN Reg State 20							
Operator Last First Middle Address			Owner Last First Middle Address							
City State Zip			City State Zip							
Insurance Company			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: X S E W Responding to Emergency?			Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23							
Citation # (If Issued)			Driver Contributing Code 19 24 24 Underride/Override 25 Towed N							
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:

165 Needham St

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:

Vehicle 1 parked in the parking lot at approximately 1830 hours, and the owner was shopping inside of Stop and Shop. When she returned at 1930 hours, she noticed that the left rear of the vehicle had a dent in it. It appeared that vehicle 2 backed into vehicle 1, and fled the scene. I spoke with the manager of Stop and Shop, and asked if I could view the surveillance footage of the accident. She stated that loss prevention needed to view it first, and that they would contact us after reviewing it.

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

TIMOTHY ROCHE
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00