

|  |                                |                                  |  |  |  |                        |  |  |  |                      |                     |   |   |   |  |
|--|--------------------------------|----------------------------------|--|--|--|------------------------|--|--|--|----------------------|---------------------|---|---|---|--|
| Police Use Only  |                                | Commonwealth of Massachusetts    |  |  |  |                        |  |  |  |                      |                     | RMV Document Number                     |   |   |  |
| Date of Crash<br>05/26/2019  | Time of Crash<br>14:01<br>24HR | City/Town<br>NEWTON              |  | Motor Vehicle Crash<br>Police Report   |  |                        |  |  |  | Number Vehicles<br>2 | Number Injured<br>0 | Speed Limit 10<br>Latitude<br>Longitude | State Police<br>Local Police<br>MBTA Police<br>Other: | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> |  |
| AT INTERSECTION:   |                                |                                  |  | < LOCATION >   |  | NOT AT INTERSECTION:   |  |  |  |                      |                     |   |   |   |  |
| Route# Direction Name of Roadway/Street<br>At  |                                |                                  |  | NORTH 1121 WASHINGTON ST<br>Route# Direction Address # Name of Roadway/Street<br>Feet N S E W of Mile Marker Exit Number<br>Feet N S E W of Route# Intersecting Roadway/Street<br>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 1900000538 |  |  |  |                      |                     |   |   |   |  |
| License # --- St MA DOB/Age ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL<br>Operator ROGAL ELLYN<br>Address 90 BERKLEY ST<br>City NEWTON State MA Zip 02465<br>Insurance Company AMICA<br>Vehicle Travel Direction: N S X W Responding to Emergency?<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec       |                                |                                  |  | Reg # 62AY77 Reg Type PAN Reg State MA<br>Veh Year 2007 Veh Make TOYOTA Veh Config. 1 20<br>Owner (Same as operator)<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 19 24 24<br>Underride/Override 25 Towed Y<br>10 Undercarriage<br>11 Totalled |  |                        |  |  |  |                      |                     |   |   |   |  |
| Please fill out for operator and all occupants involved  |                                |                                  |  | 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 --- --- 1 4 4 0 0 10 1  |  |                        |  |  |  |                      |                     |   |   |   |  |
| Please Select One of the Following:  |                                |                                  |  | 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 ---<br>Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL<br>Operator CLARK CYNTHIA ANNE<br>Address 36 MORTON ST.<br>City NEWTON State MA Zip 02459<br>Insurance Company USAA<br>Vehicle Travel Direction: X S E W Responding to Emergency?<br>Citation # (If Issued)<br>Violation 1: Ch Sec Violation 2: Ch Sec<br>Violation 3: Ch Sec Violation 4: Ch Sec |                                |                                  |  | Reg # 4WV346 Reg Type PAN Reg State MA<br>Veh Year 2013 Veh Make AUDI Veh Config. 1 20<br>Owner (Same as operator)<br>Address<br>City State Zip<br>Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)<br>Event Sequence 1 22 22 22 22 2<br>Most Harmful Event 1 23<br>Driver Contributing Code 1 24 24<br>Underride/Override 25 Towed Y<br>10 Undercarriage<br>11 Totalled     |  |                        |  |  |  |                      |                     |   |   |   |  |
| Please fill out for operator and all occupants involved  |                                |                                  |  | 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 --- --- 1 4 4 0 0 10 1   |  |                        |  |  |  |                      |                     |   |   |   |  |

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

1121 washington 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:**

ON 5-26-19 AT APPROX. 1401HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT 1121 WASHINGTON ST. ( TRADER JOES PARKING LOT REAR ) I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES SHE WAS BACKING OUT OF HER PARKING STALL. WHEN SHE SAW VEHICLE #2 SHE WAS UNABLE TO AVOID HITTING HER. VEHICLE #2 STATES SHE WAS TRAVELING N-BOUND HEADING FOR THE EXIT OF THE TRADER JOES LOT WHEN VEHICLE #1 HIT HER. VEHICLE #1 HAD LEFT REAR END DAMAGE. VEHICLE #2 HAD FRONT RIGHT SIDE DAMAGE. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE COMPANIES.

**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 35

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

**Hazmat Information:**

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42