

Police Use Only						Commonwealth of Massachusetts								RMV Document Number							
Date of Crash 05/28/2019	Time of Crash 21:58 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 3	Number Injured 0	Speed Limit <u>30</u> 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:													
												2 9									
Route# Direction Name of Roadway/Street At				EAST 330 ELLIOT ST Route# Direction Address # Name of Roadway/Street								2 10									
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Mile Marker or Exit Number																	
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Route# Intersecting Roadway/Street								11 3									
Route# Direction Name of Intersecting Roadway/Street				Landmark																	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000548															
License # St DOB/Age Reg # 9GZP80 Reg Type PAN Reg State MA				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year 2018 Veh Make LANDROVER Veh Config. 1 20								1 12									
Operator Last First Middle Owner EATON ROBERT Last First Middle				Address 45 (apt. 2203) PROVINCE ST City BOSTON State MA Zip 02108																	
Insurance Company STANDARD FIRE INS				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: N S X W Responding to Emergency?				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed Y								10 Undercarriage 11 Totalled									
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 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 Reg # 2SHG21 Reg Type PAN Reg State MA				Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment Veh Year 2018 Veh Make JEEP Veh Config. 1 20																	
Operator Last First Middle Owner SHVARTS PAVEL Last First Middle				Address 93 STANDISH RD City NEEDHAM State MA Zip 02492																	
Insurance Company PROGRESSIVE CASLTY				Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: N S X W Responding to Emergency?				Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N								10 Undercarriage 11 Totalled									
Citation # (If Issued)				Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																	
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Operator/Non-Motorist See Above																					

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Route# Direction Name of Roadway/Street At						Route# Direction Address # Name of Roadway/Street Feet [N][S][E][W] of _____ • _____ or _____ 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 3 _1_ Occupants			<input checked="" type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900000548							
License # _____ St _____ DOB/Age _____ Reg # UNK Reg Type UNK Reg State XX						Sex _____ Lic. Class 99 18 18 Lic. Restrictions 9 19 CDL _____ Veh Year UNK Veh Make UNK Veh Config. 1 20										
Operator UNKNOWN UNKNOWN Last First Middle						Owner (Same as operator) Last First Middle										
Address UNK						Address _____										
City _____ State _____ Zip UNK						City _____ State _____ Zip _____										
Insurance Company UNKNOWN						Vehicle Action Prior to Crash 99 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 23 24 24 25 Towed N										
Citation # (If Issued) _____						Most Harmful Event 2 23 24 24 25 Towed N										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 99 24 24 25 Towed N										
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 ----- --- -- 99 99 99 99 99 99 1																
Please Select One of the Following: <input type="checkbox"/> Vehicle ____ 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 _____ DOB/Age _____ Reg # _____ Reg Type _____ Reg State _____						Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Veh Year _____ Veh Make _____ Veh Config. 20										
Operator _____ Last First Middle						Owner _____ Last First Middle										
Address _____						Address _____										
City _____ State _____ Zip _____						City _____ State _____ Zip _____										
Insurance Company _____						Vehicle Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)										
Vehicle Travel Direction: [N][S][E][W] Responding to Emergency? _____						Event Sequence 22 22 22 22 23 24 24 25 Towed _____										
Citation # (If Issued) _____						Most Harmful Event 23 24 24 25 Towed _____										
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____						Driver Contributing Code 24 24 25 Towed _____										
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____						Underride/Override 25 Towed _____										
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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:

MV1 was parked eastbound at 330 Elliot St when it was struck by MV3 in the rear left corner. MV1 was pushed forward into the rear of MV2. Both vehicles were unoccupied. Reporting party stated MV3 was possibly a dark colored SUV, unknown registration, that fled the scene eastbound on Elliot. Officers checked the surrounding area for a dark colored SUV with front end damage with negative results. MV1 sustained heavy damage to the left rear corner and was towed from the scene by Tody's. MV2 sustained very minor damage to the rear end. Towed motor vehicle inventory form was filled out and submitted.

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