

Police Use Only			Commonwealth of Massachusetts				RMV Document Number	
Date of Crash 05/30/2019	Time of Crash 14:37 24HR	City/Town NEWTON	<h2 style="text-align: center;">Motor Vehicle Crash Police Report</h2>	Number Vehicles  1	Number Injured  0	Speed Limit <u>10</u> Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

AT INTERSECTION:			<	LOCATION	>	NOT AT INTERSECTION:				
						NORTH	1340	CENTRE ST	2 <sup>9</sup>	
Route#	Direction	Name of Roadway/Street				Route#	Direction	Address #	Name of Roadway/Street	2 <sup>10</sup>
At										
Route#	Direction	Name of Intersecting Roadway/Street				_____ Feet		<div style="display: inline-block; width: 15px; height: 15px; background-color: black;"></div> N S E W	of _____ Mile Marker • _____ or _____ Exit Number	
Also at Intersection with										
Route#	Direction	Name of Intersecting Roadway/Street				_____ Feet		<div style="display: inline-block; width: 15px; height: 15px; background-color: black;"></div> N S E W	of _____ Route# _____ Intersecting Roadway/Street	11
Route#	Direction	Name of Intersecting Roadway/Street				_____ Feet		<div style="display: inline-block; width: 15px; height: 15px; background-color: black;"></div> N S E W	of _____ Landmark	4

<input checked="" type="checkbox"/> <b>Vehicle 1</b>	0 #Occupants	<input checked="" type="checkbox"/> <b>Hit/Run</b>	<input type="checkbox"/> <b>Moped</b>	Case Number	190000555
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License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>18</td><td>18</td></tr></table> Lic. Restrictions <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>19</td></tr></table> CDL _____ Operator _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Address _____ City _____ State _____ Zip _____ Insurance Company <u>COMMERCE</u>	18	18	19	Reg # <u>6EW141</u> Reg Type <u>PAN</u> Reg State <u>MA</u> Veh Year <u>2017</u> Veh Make <u>JEEP</u> Veh Config. <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>1</td><td>20</td></tr></table> Owner <u>PANZA</u> <u>MICHAEL</u> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div> Address <u>40 LEDGEVIEW DR</u> City <u>NORWOOD</u> State <u>MA</u> Zip <u>02062</u> Vehicle Action Prior to Crash <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>11</td><td>21</td></tr></table> Damaged Area Code: (Circle Up to Three) Event Sequence <table border="1" style="display: inline-table; width: 100px; text-align: center;"><tr><td>1</td><td>22</td><td>22</td><td>22</td><td>22</td></tr></table> Most Harmful Event <table border="1" style="display: inline-table; width: 60px; text-align: center;"><tr><td>1</td><td>23</td></tr></table> Driver Contributing Code <table border="1" style="display: inline-table; width: 60px; text-align: center;"><tr><td>1</td><td>24</td><td>24</td></tr></table> Underride/Override <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>25</td></tr></table> Towed <u>N</u>	1	20	11	21	1	22	22	22	22	1	23	1	24	24	25
18	18																		
19																			
1	20																		
11	21																		
1	22	22	22	22															
1	23																		
1	24	24																	
25																			

Vehicle Travel Direction: <table border="1" style="display: inline-table; width: 40px; text-align: center;"><tr><td>N</td><td>S</td><td>E</td><td>W</td></tr></table> Responding to Emergency? _____ Citation # (If Issued) _____ Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____	N	S	E	W	<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 20px;"> <p>10 Undercarriage</p> <p>11 Total</p> </div> </div>
N	S	E	W		

[illegible]

Please Select One of the Following:		<input type="checkbox"/> Vehicle	#Occupants	<input type="checkbox"/> Non-Motorist A	Type	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">14</div>	Action	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">15</div>	Location	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">16</div>	Condition	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">17</div>	<input type="checkbox"/> Hit/Run	<input type="checkbox"/> Moped
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License # _____	St _____	DOB/Age _____	Reg # _____	Reg Type _____	Reg State _____
Sex _____	Lic. Class <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">18</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">18</div>	Lic. Restrictions <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">19</div>	CDL _____	Veh Year _____	Veh Make _____
Operator _____			Veh Config. <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">20</div>		
<div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>			<div style="display: flex; justify-content: space-between;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>		
Address _____			Address _____		
City _____			City _____		
State _____			State _____		
Zip _____			Zip _____		
Insurance Company _____					
Vehicle Travel Direction: <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">N</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">S</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">E</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">W</div>		Responding to Emergency? _____			
Citation # (If Issued) _____					
Violation 1: Ch _____		Sec _____		Violation 2: Ch _____	
Sec _____		Violation 3: Ch _____		Sec _____	
Violation 4: Ch _____		Sec _____		Violation 5: Ch _____	
Sec _____		Violation 6: Ch _____		Sec _____	

Vehicle Action Prior to Crash <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">21</div>	Event Sequence <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">22</div>	Most Harmful Event <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">23</div>	Driver Contributing Code <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">24</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">24</div>	Underride/Override <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">25</div>	Towed _____
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Damaged Area Code: (Circle Up to Three)

234

9

10 Undercarriage

11 Totaled

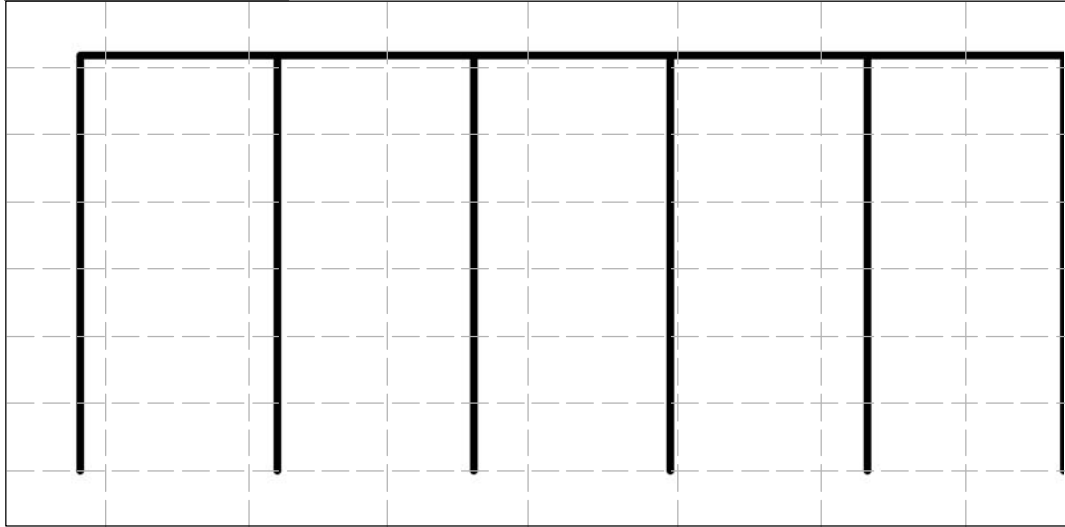
156

[illegible]

→ 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:

OWNER OF MV#1, STATED THAT HIS UNOCCUPIED VEHICLE WAS PARKED IN THE PARKING LOT OF #1340 CENTRE ST. THE VEHICLE WAS SIDE SWIPED ON THE PASSENGER SIDE BY AN UNKNOWN VEHICLE CAUSING MINOR SCRAPING.

### 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