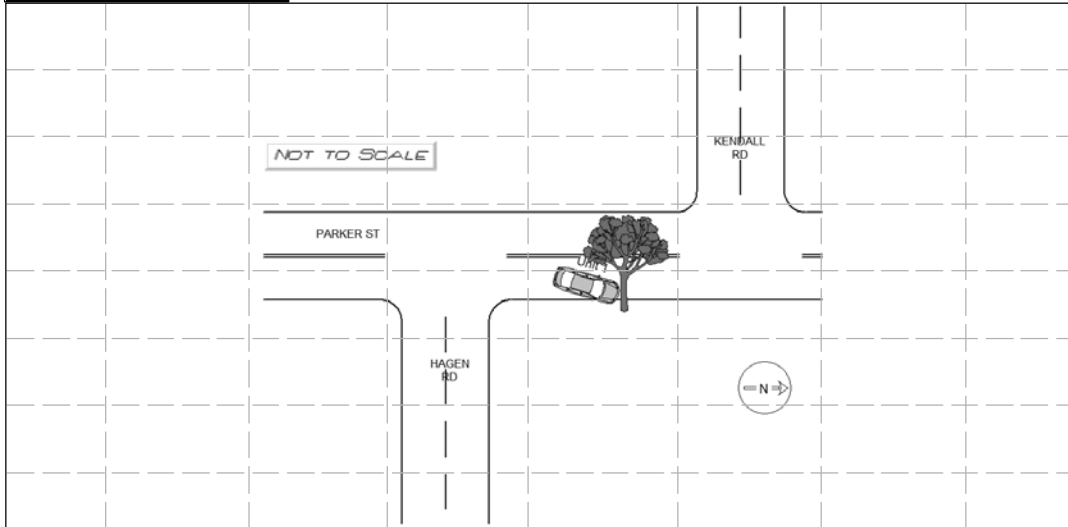


Police Use Only						Commonwealth of Massachusetts							RMV Document Number							
Date of Crash 05/31/2019	Time of Crash 15:19 24HR	City/Town NEWTON				Motor Vehicle Crash Police Report						Number Vehicles 1	Number Injured 0	Speed Limit <u>25</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:					
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:										
																				2
Route# Direction Name of Roadway/Street At						NORTH 317 PARKER ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number														10
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street														11
Route# Direction Name of Intersecting Roadway/Street						Landmark														1
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants						<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000560										
License # --- St MA DOB/Age ---						Reg # 9943VZ Reg Type PAN Reg State MA														
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL Endorsment						Veh Year 2009 Veh Make TOYT Veh Config. 1 20														
Operator CHELMINSKY MAYA Last First Middle						Owner ROMANOFF DAPHNE Last First Middle														12
Address 36 CANTERBURY RD						Address 36 CANTERBURY														3
City NEWTON State MA Zip 02461						City NEWTON State MA Zip 02460														
Insurance Company COMMERCE						Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)														
Vehicle Travel Direction: X S E W Responding to Emergency?						Event Sequence 20 22 21 22 22 22						E 3 4 10 Undercarriage 5 11 Totaled								
Citation # (If Issued)						Most Harmful Event 21 23														
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 1 24 24														
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed Y														
Please fill out for operator and all occupants involved														13						
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						21														
Operator See Above ----- - - - 99 4 4 0 0 10 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 --- CDL Endorsment						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						2 3 4 10 Undercarriage 5 11 Totaled								
Citation # (If Issued)						Most Harmful Event 23														
Violation 1: Ch Sec Violation 2: Ch Sec						Driver Contributing Code 24 24														
Violation 3: Ch Sec Violation 4: Ch Sec						Underride/Override 25 Towed ---														
Please fill out for operator and all occupants involved														13						
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						21														
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:

The Operator of vehicle 1 stated that she had just made a right turn onto Parker Street from Hagen Road, she then over turned and lost control of the vehicle and hit the curb and then a tree on the sidewalk. This caused major damage to the entire front passenger side quarter panel and wheel. The vehicle was immobile and had to be towed away.

#### 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