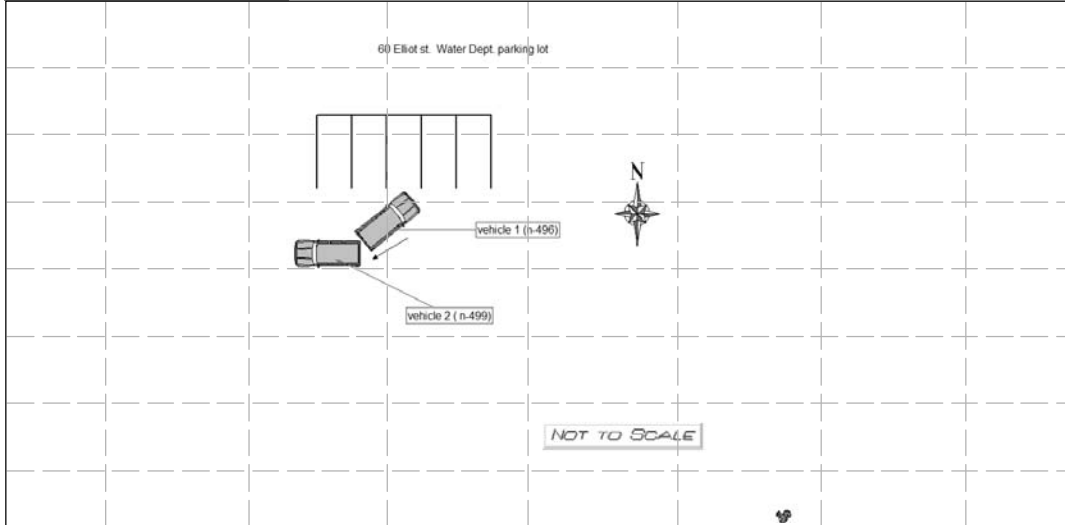


Police Use Only						Commonwealth of Massachusetts								RMV Document Number						
Date of Crash 06/02/2019	Time of Crash 17:45		City/Town NEWTON			Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____		State Police Local Police MBTA Police Other:		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:						<	LOCATION		>	NOT AT INTERSECTION:										
																		2		
Route# Direction Name of Roadway/Street At						NORTH 74 ELLIOT ST												10		
						Feet N S E W of Mile Marker Exit Number												2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with						Feet N S E W of Route# Intersecting Roadway/Street												11		
						Feet N S E W of Landmark												7		
Vehicle 1 Occupants Hit/Run Moped Case Number 190000567																				
License # St MA DOB/Age Reg # MP496B Reg Type MVN Reg State MA Sex M Lic. Class D M Lic. Restrictions 1 CDL Endorsment Veh Year 2017 Veh Make FORD Veh Config. 1 Operator GUARINO III CHARLES P Address 1321 WASHINGTON ST City NEWTON State MA Zip 02465 Insurance Company CITY PF NEWTON Vehicle Travel Direction: N S E Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																		12		
Operator NEWTON CITY OF Address 60 ELLIOT ST City NEWTON State MA Zip 02466 Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)																				
Event Sequence Most Harmful Event Driver Contributing Code Underride/Override Towed N																				
Please fill out for operator and all occupants involved																		13		
Name (Last First Middle) Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																		2		
Operator See Above																				
Please Select One of the Following: Vehicle 2 Occupants Non-Motorist A Type Action Location Condition Hit/Run Moped																				
License # St DOB/Age Reg # MP499B Reg Type MVN Reg State MA Sex Lic. Class Lic. Restrictions CDL Endorsment Veh Year 2018 Veh Make FORD Veh Config. 1 Operator NEWTON CITY OF Address 60 ELLIOT ST City NEWTON State MA Zip 02466 Insurance Company CITY OF NEWTON Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec																				
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:

Vehicle 1 operator backed out of his parking space and and made contact with the rear bumper of vehicle 2. vehicle was unoccupied and had no visable damage. Vehicle 1 had minor damage to back bumper. Pictures were taken of both vehicles and the memory card was given to IT. No injuries were reported.

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