

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 06/10/2019	Time of Crash 11:57 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude Longitude	State Police Local Police MBTA Police Other:	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 210 BOYLSTON ST LOT			Route# Direction Address # Name of Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Mile Marker Exit Number			Feet N S E W of Route# Intersecting Roadway/Street				
Route# Direction Name of Intersecting Roadway/Street			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 190000599	
License # --- St MA DOB/Age ---			Reg # 6BAS20 Reg Type PAN Reg State MA			Veh Year 2019 Veh Make LAND Veh Config. 2 20				
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner JP MORGAN CHASE BANK			Address PO 901098				
Operator SMOLYAR DANIELLE			City FORT WORTH State TX Zip 76101			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)				
Address 40 WESTGATE RD			Event Sequence 1 22 22 22 22 2			Most Harmful Event 1 23				
City NEWTON State MA Zip 02459			Driver Contributing Code 1 24 24			Underride/Override 25 Towed Y				
Insurance Company COMMERCE			Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec				
Vehicle Travel Direction: N S E W Responding to Emergency?			Violation 3: Ch Sec Violation 4: Ch Sec			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 99 0 0 10 1							
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 RI DOB/Age ---			Reg # T58281 Reg Type CON Reg State MA			Veh Year 2015 Veh Make FRHT Veh Config. 13 20				
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Owner COCA COLA COMP			Address 160 INDUSTRIAL AVE				
Operator VILSON LEITE			City LOWELL State MA Zip 01852			Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)				
Address 267 WARREN AVE			Event Sequence 2 22 22 22 22 2			Most Harmful Event 2 23				
City E PROVIDENCE State RI Zip 02914			Driver Contributing Code 18 24 24			Underride/Override 25 Towed N				
Insurance Company LIB MUT FIRE			Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec				
Vehicle Travel Direction: X S E W Responding to Emergency?			Violation 3: Ch Sec Violation 4: Ch Sec			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 99 0 0 10 1							

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#210 BOYLSTON ST LOT

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:

OPER OF MV#1 STATED THAT WHILE PARKED (#210 BOYLSTON ST LOT), MV#2 REVERSED INTO HER VEHICLE CAUSING MODERATE REAR DAMAGE.

OPER OF MV#2 STATED THAT HE WAS BACKING HIS TRUCK UP, AND DID NOT SEE MV#1 PARKED. MV#2 (REAR) COLLIDED WITH THE REAR OF MV#1. MV#2 SUSTAINED MINOR REAR PAINT TRANSFER.

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

RICHARD F BENES NEWTON POLICE DEPT 06/10/2019

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 24:00