

Police Use Only		Commonwealth of Massachusetts		RMV Document Number							
Date of Crash 06/15/2019	Time of Crash 12:52 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 1	Number Injured 0	Speed Limit 25 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:							
Route# Direction Name of Roadway/Street At			EAST 0 PAUL ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number Feet N S E W of Feet N S E W of Route# Intersecting Roadway/Street Landmark						2 2 11 4		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000618					
License # --- St MA DOB/Age ---			Reg # L19568 Reg Type CON Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL ---			Veh Year 2019 Veh Make ACUR Veh Config. 2 20		
Operator SHAPIRO LISA Last First Middle			Owner (Same as operator) Last First Middle			Address 22 SHEPHERD PK			Address		
City NEWTON State MA Zip 02468			City State Zip			Insurance Company COMMERCE			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			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued) ---			Underride/Override 25 Towed N			10 Undercarriage 11 Totaled			8 9 6		
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 1	
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			-----		---		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 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)		
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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			-----		---		10 1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

PAUL ST

Unit 1

WEEKS FIELD

N

NOT TO SCALE

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 one stated that on 06/15/2019 10:00 hours she parked her vehicle on Paul St near the entrance to the Weeks Filed. At 11:45 hours on 06/15/2019 the owner of MV one returned to find that her vehicle had been sideswiped on it's front and rear driver side doors. There were no witnesses and MV one did not require a tow.

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