

Police Use Only			Commonwealth of Massachusetts										RMV Document Number						
Date of Crash 06/16/2019	Time of Crash 09:49 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:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >										NOT AT INTERSECTION:						
Route# Direction Name of Roadway/Street At			Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number																
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Name of Intersecting Roadway/Street Feet N S E W of																
Route# Direction Name of Intersecting Roadway/Street			Landmark																
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000621										
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment										Reg # BZMZ741 Reg Type PAN Reg State ON Veh Year 2018 Veh Make HONDA Veh Config. 20									
Operator Last First Middle Address City State Zip Insurance Company ALLSTATE										Owner WEERASINGHE MANJUSA Last First Middle Address 12 STOCKTON CRT City WHITBY State ON Zip L1R3M8									
Vehicle Travel Direction: N S X W Responding to Emergency?										Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)									
Citation # (If Issued)										Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N									
Please fill out for operator and all occupants involved										10 Undercarriage 11 Totaled									
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									
Operator										See Above									
Operator										See Above									
Operator										See Above									
Operator										See Above									
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 MA DOB/Age --- --- Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment										Reg # 4KA720 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. 20									
Operator RUBENCHIK YURI Last First Middle Address 344 AUSTIN ST City NEWTON State MA Zip 02465 Insurance Company SAFETY										Owner LEVINA RAISA MAYOR Last First Middle Address 344 AUSTIN STREET City NEWTON State MA Zip Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)									
Vehicle Travel Direction: X S E W Responding to Emergency?										Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N									
Citation # (If Issued)										10 Undercarriage 11 Totaled									
Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec										Operator/Non-Motorist See Above									
Please fill out for operator and all occupants involved										Operator/Non-Motorist									
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									
Operator/Non-Motorist										See Above									
Operator/Non-Motorist										See Above									
Operator/Non-Motorist										See Above									
Operator/Non-Motorist										See Above									

→ Direction 1 = Vehicle 1 2 = Vehicle 2 ○ Pedestrian

Crash Diagram: ie: → 1 → 2 → ○

20 HAMMOND POND PARKWAY

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 MV WAS PARKED IN THE LOT OF #20 HAMMOND POND PARKWAY, AND THAT SOMETIME OVERNIGHT, MV#2 STRUCK THE REAR OF THE VEHICLE.

OPER OF MV#2 STATED THAT HE WAS BACKING OUT OF THE SPACE NEXT TO MV#1 AND STRUCK THE VEHICLE.

MV#2 SUSTAINED MINOR DAMAGE TO THE MIRROR AND SIDE (LEFT) .

MV#1 SUSTAINED MINOR REAR DAMAGE .

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