

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 06/18/2019	Time of Crash 02:51 24HR	City/Town NEWTON	Number Vehicles 1	Number Injured 0	Speed Limit 0 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 160 BOYLSTON ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				1 11				
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000625		
License # --- St MA DOB/Age ---			Reg # 2SF952 Reg Type PAN Reg State MA			20					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2002 Veh Make CHYSLER Veh Config. 2			20					
Operator BENABBOU NOURA Last First Middle			Owner (Same as operator) Last First Middle			20			12 99		
Address 160 BOYLSTON ST (apt. 1320)			Address								
City NEWTON State MA Zip 02467			City State Zip								
Insurance Company PROGRESSIVE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency?			Event Sequence 20 22 35 22 22 22 2			3 4					
Citation # (If Issued)			Most Harmful Event 35 23			10 Undercarriage					
Violation 1: Ch 90/246 Sec Violation 2: Ch Sec			Driver Contributing Code 19 24 24			5 11 Totaled					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y			6					
Please fill out for operator and all occupants involved			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			13 20		
Name (Last First Middle) Address			Age/DOB Sex								
Operator See Above			99 4 99 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			20					
Sex --- Lic. Class 18 18 Lic. Restrictions 19 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)					
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Name (Last First Middle) Address			Age/DOB Sex								
Operator/Non-Motorist See Above			99 4 99 0 0 10 1								

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

160 Boylston St

Unit 1

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Crash Narrative:

Operator 1 of MV1 stated she attempted to put her MV in reverse and the vehicle went forward instead. MV1 collided with the building at 160 Boylston St.

Major damage to MV 1. Towed by Todys towing.

Operator 1 citated for c90 s24 Leaving the scene of property damage. Reference incident report #19024881.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property
	160 BOYLSTON ST		97	WALL OWNED BY 160 BOYLSTON ST

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

ROBERT A MARCH NEWTON POLICE DEPARTM 06/18/2019

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

CDP1 11 -24:00