Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

Police Use Only | RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured	Speed Limit	Latitude	Longitude	
06/26/2019	09:49 24HR	NEWTON	2	0	25			State Police ☐ Local Police ☒ MBTA Police ☐ Other:

AT INTERSECTION: | **< LOCATION >** | **NOT AT INTERSECTION:**

1 / 1

Route# Direction Name of Roadway/Street

At

Route# Direction Name of Intersecting Roadway/Street

Also at Intersection with

2 / 2

Route# Direction Name of Intersecting Roadway/Street

Route# SOUTH Direction 160 Address # STANTON AVE Name of Roadway/Street

Feet N S E W of — — — • — Mile Marker or Exit Number

Feet N S E W of Route# Intersecting Roadway/Street

Feet N S E W of Landmark

2 9 | 2 10 | 4 11

3

☒ Vehicle 1 — 1 # Occupants | ☐ Hit/Run | ☐ Moped | Case Number 1900000657

4 / 1

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment

Operator MEDINA (Last) TANIA (First) L (Middle)

Address 2 MUNROE RD

City LEXINGTON State MA Zip 02421

Insurance Company ACE AMERICAN

5

Vehicle Travel Direction: N ☒ E W Responding to Emergency?____

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

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Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # FS404 Reg Type PAN Reg State MA

Veh Year 2019 Veh Make HYUN Veh Config. 1 20

Owner VEHICLES LLC (Last) HERTZ (First) (Middle) | 1 12

Address 8501 WILLIAMS RD

City ESTERO State FL Zip 33920

Vehicle Action Prior to Crash 11 21

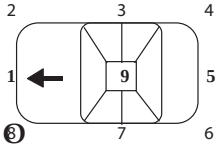
Event Sequence 1 22 22 22 22

Most Harmful Event 1 23

Driver Contributing Code 1 24 24

Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)



10 Undercarriage
11 Totaled

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	--------	---	---	0	4	4	0	0	10	1	

2 13

7 / 1

Please Select One of the Following: ☒ Vehicle 2 — 1 # Occupants | ☐ Non-Motorist A Type 14 Action 15 Location 16 Condition 17 | ☐ Hit/Run | ☐ Moped

8 / 1

License # --- St MA DOB/Age -- -- ----

Sex F Lic. Class D 18 18 Lic. Restrictions 9 19 CDL Endorsment

Operator ELMEZIAN (Last) ANNA (First) (Middle)

Address 17 SKELTON LN

City BURLINGTON State MA Zip 01805

Insurance Company COMMERCE

Vehicle Travel Direction: N ☒ E W Responding to Emergency?____

Citation # (If Issued)_____

Violation 1: Ch_____Sec_____ Violation 2: Ch_____Sec_____

Violation 3: Ch_____Sec_____ Violation 4: Ch_____Sec_____

Reg # 7LG468 Reg Type PAN Reg State MA

Veh Year 2017 Veh Make HOND Veh Config. 1 20

Owner LEASE TRUST (Last) HONDA (First) (Middle)

Address 600 KELLY WAY

City HOLYOKE State MA Zip 01040

Vehicle Action Prior to Crash 3 21

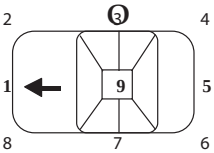
Event Sequence 2 22 22 22 22

Most Harmful Event 2 23

Driver Contributing Code 6 24 24

Underride/Override 25 Towed Y

Damaged Area Code: (Circle Up to Three)



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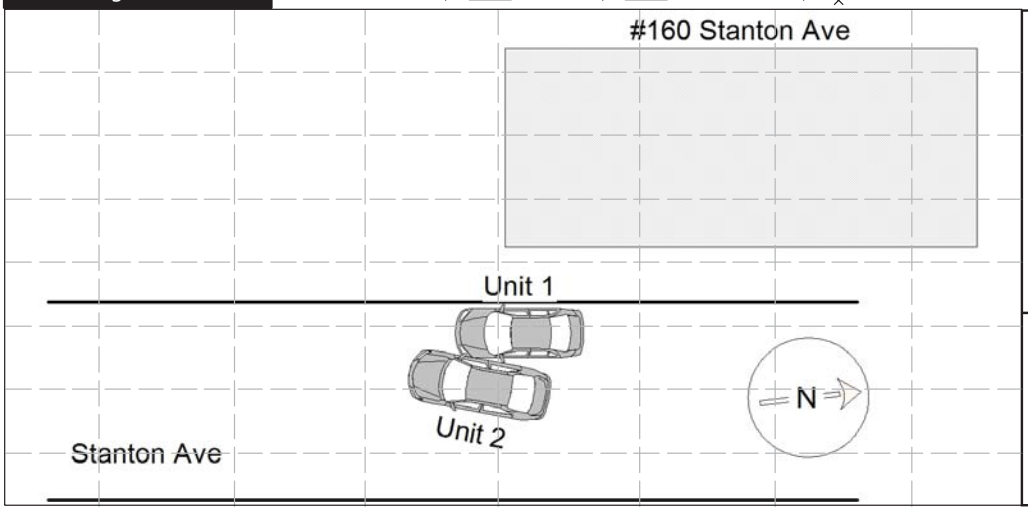
Operator/Non-Motorist	See Above	--------	---	---	1	4	4	0	0	10	1	

Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

Crash Diagram:

ie: → 1 → 2 →



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:

The operator of MV#1 stated that she was sitting in her parked MV in front of #160 Stanton Ave when MV#2 side swiped her MV.

The operator of MV#2 stated that she was traveling south on Stanton Ave and attempting to park her MV when she side swiped MV#1.

Operator #2 was questioning whether MV#1 had prior damage to the area of the MV were the crash occurred.

Operator #1 stated that its a new rental that had no prior damage.

No injuries, no tows.

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

GEORGE M CLAFLIN		NEWTON POLICE DEPARTM			06/26/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date

CDP1 11 ·24·00