

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 07/02/2019	Time of Crash 15:19 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 25 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >			NOT AT INTERSECTION:				
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			NORTH 84 PARKER ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N S E W] of _____ Landmark _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____										
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____										
<input checked="" type="checkbox"/> Vehicle 1 2 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000681	
License # _____ St MA DOB/Age _____			Reg # 56NS55			Reg Type PAN			Reg State MA	
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2005			Veh Make NISSAN			Veh Config. 1 20	
Operator RABKIN INNA Last First Middle			Owner (Same as operator) Last First Middle							
Address 1925 COMMONWEALTH AVE (apt. 206)			Address _____							
City BRIGHTON State MA Zip 02135			City _____ State _____ Zip _____							
Insurance Company GEICO			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed N			8 7 6				
Please fill out for operator and all occupants involved			13							
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			1							
Operator See Above										
ROTENBERG, NATHAN 126 SELWYN NEWTON, MA										
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 _____			Reg # 8K8942			Reg Type PAN			Reg State MA	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2008			Veh Make FORD			Veh Config. 1 20	
Operator SAMUEL NICHOLAS Last First Middle			Owner HITCHEN MELANIE Last First Middle							
Address 11 LINDEN ST			Address 80 (apt. 65) BROADWAY							
City BRIGHTON State MA Zip 02134			City N ATTLEBOROUGH State MA Zip 02760							
Insurance Company PLYMOUTH ROCK ASSU			Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)							
Vehicle Travel Direction: [X] S [] E [] W Responding to Emergency? _____			Event Sequence 1 22 22 22 22 2			3 4				
Citation # (If Issued) _____			Most Harmful Event 1 23			10 Undercarriage				
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 22 24 24			5 11 Totaled				
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override 25 Towed Y			8 7 6				
Please fill out for operator and all occupants involved			13							
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			1							
Operator/Non-Motorist See Above										

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Parker Street

Unit 1

Unit 2

P.O.I.

84 Parker Street

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:

The Operator of vehicle 1 stated she was stopped in traffic in the Northbound lane on Parker Street when her vehicle was struck from behind by vehicle 2. This caused the bumper to partly detach and was half hanging on the ground. In order to drive the vehicle away the owner requested I remove the bumper completely.

The Operator of vehicle 2 stated he was traveling Northbound on Parker Street and slowing down due to traffic stopped in front of him when he felt his brakes give way, this caused his vehicle to bump into vehicle 1. Vehicle 2 sustained no damage. Vehicle 2 was towed by AAA due to possible brake malfunction.

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