

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/13/2019		Time of Crash 13:14 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:						9		
Route# _____ Direction _____ Name of Roadway/Street _____ At _____				WEST 1353 WASHINGTON 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	10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____														
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____													11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												4		
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000718						
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company AMICA				Reg # 3FS194 Reg Type PAN Reg State MA Veh Year 2013 Veh Make TOYOTA Veh Config. [1] [20] Owner REIBMAN GREGORY A Address 10 MAYFLOWER TER City NEWTON State MA Zip _____ Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 3 4 Most Harmful Event [1] [23] 10 Undercarriage Driver Contributing Code [1] [24] [24] 5 11 Totaled Underride/Override [25] Towed N								12		
Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? _____														
Citation # (If Issued) _____														
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	2	
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														
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 NH DOB/Age --- Sex M Lic. Class [D] [18] [18] Lic. Restrictions [9] [19] CDL _____ Operator PALMA JAMES S Address 74 BOWEN STREET City NEWTON State MA Zip 02459 Insurance Company HANOVER INSURANCE				Reg # 3333334 Reg Type PAS Reg State NH Veh Year 2013 Veh Make SUBARU Veh Config. [1] [20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [6] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 3 4 Most Harmful Event [2] [23] 10 Undercarriage Driver Contributing Code [19] [24] [24] 5 11 Totaled Underride/Override [25] Towed N								13		
Vehicle Travel Direction: [N] [S] [E] [X] Responding to Emergency? _____														
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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/Non-Motorist See Above														

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

1353 Washington St

Unit 1

Unit 2

Washington St

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:

Mv#1 was parked unoccupied in a marked space in front of 1353 Washington St W/B. An anonymous witness reported #1 was sideswiped there by a light colored MV (#2) bearing partial NH reg 333. I later located Mv#2 a white Subaru NH reg 333 3334, parked in the West Newton Municipal lot directly behind 1353 Washington St. I also met the #2 operator who stated, while pulling out forward, #2 front passenger side bumper sideswiped #1 driver's side rear bumper. Both vehicles sustained minor damage. All parties were advised and satisfied with this investigation and documentation of this collision. No further police action at this time.

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

ADAM D GABRIEL

25117

NEWTON POLICE DEPART

07/13/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date