

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/18/2019	Time of Crash 13:34 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 30 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			NORTH 251 ADAMS ST 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			Feet N S E W of Route# Intersecting Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark								
<input checked="" type="checkbox"/> Vehicle 1 # Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000740		
License # --- St MA DOB/Age ---			Reg # 6WWR30 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2014 Veh Make SUBARU Veh Config. 1 20								
Operator DUARTE MELISSA Last First Middle			Owner (Same as operator) Last First Middle								
Address 35 OGDEN RD			Address								
City BROOKLINE State MA Zip 02467			City State Zip								
Insurance Company PROGRESSIVE DIRECT			Vehicle Action Prior to Crash 1 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			8 10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 2 23			1 9 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y								
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			-----			1 4 99 0 0 10 1					
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 0 # 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 # P91195 Reg Type CON Reg State MA								
Sex --- Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 2013 Veh Make FREIGHT Veh Config. 6 20								
Operator Last First Middle			Owner UPS Last First Middle								
Address			Address 15 ARLINGTON STREET								
City State Zip			City WATERTOWN State MA Zip 02472-5002								
Insurance Company LIBERTY MUTUAL			Vehicle Action Prior to Crash 11 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 10 Undercarriage					
Citation # (If Issued)			Most Harmful Event 1 23			1 9 5 11 Totaled					
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 1 24 24								
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N								
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			-----			1 4 99 0 0 10 1					

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

**Crash Diagram:**

ie: → 1    → 2    → Pedestrian

	If Crash <u>Did Not</u> Occur on a Public Way: <input type="checkbox"/> Off-Street Parking Lot <input type="checkbox"/> Garage <input type="checkbox"/> Mall/Shopping Center <input type="checkbox"/> Other Private Way
	Indicate North by Arrow 

**Crash Narrative:**

OPERATOR #1 STATED SHE WAS TRAVELLING N/B ON ADAMS ST JUST PASSED MIDDLE ST WHEN SHE HAD TO GO AROUND A PARKED UPS TRUCK.

HOWEVER DUE TO ANOTHER VEHICLE COMING FROM THE OPPOSITE DIRECTION(S/B) SHE HAD TO MOVE OVER A LITTLE TO THE RIGHT TO AVOID THE ONCOMING VEHICLE, WHICH CAUSED HER TO SIDE SWIPE THE PARKED UPS TRUCK.

THE UPS DRIVER WAS WITH THE TRUCK AT THE TIME OF THE CRASH.

BOTH PARTIES HAD ALREADY EXCHANGED INFORMATION AND PHOTOGRAPHED THE DAMAGES TO THE VEHICLES.

UPS SUPERVISOR WAS ALSO ON SCENE PRIOR TO MY ARRIVAL.

**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 # P91195 (From Vehicle Section)

Carrier Name UNITED PARCEL SERVICES Carrier Issuing Authority Code 35

Address 15 ARLINGTON ST City WATERTOWN St   Zip 02472

US DOT #:   State Number   Issuing State MASSA 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

THOMAS J MCCARTHY

NEWTON POLICE DEPART

07/18/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date