

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 07/18/2019	Time of Crash 21:33 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			SOUTH 163 LEXINGTON 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				4 11				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000741		
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 1RPA51 Reg Type PAN Reg State MA Veh Year 2000 Veh Make JEEP Veh Config. 2 20			Operator NDAGIRE JULIET Address 1105 (apt. 6-1) LEXINGTON ST City WALTHAM State MA Zip 02452			1 12		
Insurance Company GOVT EMPLOYEE INS			Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23			10 Undercarriage 5 11 Totaled		
Vehicle Travel Direction: N S E W Responding to Emergency?			Driver Contributing Code 24 24			Underride/Override 25 Towed Y			2 13		
Citation # (If Issued)			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					
Violation 1: Ch Sec Violation 2: Ch Sec			Operator See Above								
Violation 3: Ch Sec Violation 4: Ch Sec											
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 # 7BF153 Reg Type PAN Reg State MA			Operator FENOL KIMBETTE Address 16 UNDERWOOD PK City WALTHAM State MA Zip 02453			8 2		
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2018 Veh Make HONDA Veh Config. 2 20			Owner (Same as operator) Address City State Zip					
Insurance Company STANDARD FIRE INS			Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23			10 Undercarriage 5 11 Totaled		
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Violation 1: Ch Sec Violation 2: Ch Sec			Operator/Non-Motorist See Above			1 4 99 0 0 10 1					
Violation 3: Ch Sec Violation 4: Ch Sec											

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Lexington St

MV#2

MV#1

163 Lexington St

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 on the street in front of 163 Lexington St. Operator of MV#2 stated she was emotional and distracted and did not see the car parked in the road. MV#1 sustained major damage to the left side and back. MV#2 sustained major damage to the right side. The area does not have a functioning street light. Operator of MV#2 declined medical attention. Both cars were towed by David from Todys.

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

MEGHAN E MCLEAN	38801	NEWTON POLICE DEPART	07/18/2019
Police Officer Name (Please Print)	Signature	ID/Badge #	Department
			Precinct/Barracks
			Date

CDP1 11 -24:00