

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/20/2019		Time of Crash 15:30 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude Longitude		State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other:		
AT INTERSECTION:				< LOCATION >		NOT AT INTERSECTION:						9		
Route# Direction Name of Roadway/Street At				EAST 60 ELLIOT ST Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number								2		
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with				Feet N S E W of Route# Intersecting Roadway/Street								10		
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of Landmark								11		
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000746					3	
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 M 18 Lic. Restrictions B 19 CDL Operator SOLOMAN ALAN RICHARD Address 1321 WASHINGTON ST City NEWTON State MA Zip 02465 Insurance Company SELF INSURED				Reg # MP495B Reg Type MVN Reg State MA Veh Year 2018 Veh Make FORD Veh Config. 1 20 Owner NEWTON CITY OF Address 1000 COMMONWEALTH AVE City NEWTON State MA Zip 02459 Vehicle Action Prior to Crash 10 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 99 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								7		
Vehicle Travel Direction: N S E W Responding to Emergency?				Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec								12		
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								13		
Operator See Above				Operator See Above								1		
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		14
License # --- St MA DOB/Age --- Sex M Lic. Class D 18 M 18 Lic. Restrictions 1 19 CDL Operator COLETTI ALEXANDER A Address 16 W. PINE ST. City NEWTON State MA Zip 02466 Insurance Company COMMERCE				Reg # 455MZ1 Reg Type PAN Reg State MA Veh Year 2013 Veh Make HONDA Veh Config. 1 20 Owner (Same as operator) Address City State Zip Vehicle Action Prior to Crash 1 21 Event Sequence 1 22 22 22 22 2 Most Harmful Event 1 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 10 Undercarriage 5 11 Totaled								8		
Vehicle Travel Direction: X S E W Responding to Emergency?				Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec								99		
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								9		
Operator/Non-Motorist See Above				Operator/Non-Motorist See Above								99		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

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:**

On 7/20/2019 at approximately 1525 hours I responded to 60 Elliot ST the City water department building parking lot for an accident with a city vehicle. Vehicle 1, Cruiser N-495, was backing out of a space as vehicle 2 was pulling into an adjacent parking space. Vehicle 1 has minor damage to the left rear bumper. Vehicle 2 has damage to the front passenger side wheel well. No injuries were reported.

**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