

Police Use Only			Commonwealth of Massachusetts				RMV Document Number							
Date of Crash 07/28/2019		Time of Crash 12:40 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 10 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 _____				SOUTH 244 NEEDHAM 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 _____ ____ 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 _____													7	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000772						
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company LM GENERAL				Reg # RS22VM Reg Type PAS Reg State MA Veh Year 2016 Veh Make HONDA Veh Config. [1] [20] Owner MCPHERSON JARED ALLEN Address 72 SHEEHAN DR City HOLYOKE State MA Zip 01040 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 2 3 4 Most Harmful Event [2] [23] 10 Undercarriage Driver Contributing Code [1] [24] [24] 5 11 Totaled Underride/Override [25] Towed N										
Vehicle Travel Direction: [N] [S] [X] [W] 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 MA DOB/Age --- Sex F Lic. Class [D] [18] [18] Lic. Restrictions [B] [19] CDL _____ Operator REYNOLDS SHARON Address 633 GROVE ST City NEWTON State MA Zip 02462 Insurance Company AMICA MUTUAL				Reg # 8WXZ90 Reg Type PAN Reg State MA Veh Year 2018 Veh Make TOYOTA Veh Config. [1] [20] Owner (Same as operator) Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [10] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [2] [22] [22] [22] [22] 2 3 4 Most Harmful Event [2] [23] 10 Undercarriage Driver Contributing Code [19] [24] [24] 5 11 Totaled Underride/Override [25] Towed N										
Vehicle Travel Direction: [N] [X] [E] [W] 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:

Needham St

244 Needham St

Charlemont St

MV#1

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 owner of MV#1 stated his vehicle was parked on Charlemont St directly in front of "Splash" at 244 Needham St when MV#2 reversed out of her parking spot and struck his vehicle. MV#1 sustained minor damages to its left side rear bumper area. There were no reported injuries to the owner of MV#1.

The operator of MV#2 stated she was reversing out of her parking spot and struck MV#1. MV#2 sustained minor damages to its rear bumper. There were no reported injuries to the operator of MV#2.

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