

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 08/08/2019	Time of Crash 13:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report			Number Vehicles 2	Number Injured 0	Speed Limit 0 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:					
Route# Direction Name of Roadway/Street At			EAST 20 AUSTIN 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			Landmark							
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input checked="" type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000818			
License # St DOB/Age Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Reg # 5YML40 Reg Type PAN Reg State MA Veh Year 2014 Veh Make TOYTA Veh Config. 1 20			Operator Last First Middle Address City NEWTON State MA Zip 02460 Insurance Company USAA CASUALTY INS Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)				
Operator Last First Middle Address City State Zip Insurance Company			Owner WILDERMUTH CHRISTOPHER Address 120 (apt. A) ATWOOD AVE City NEWTON State MA Zip 02460 Vehicle Action Prior to Crash 11 21 Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2 Most Harmful Event 2 23 Driver Contributing Code 1 24 24 Underride/Override 25 Towed N				
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				
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				
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 1 19 CDL Endorsment			Reg # 537YB3 Reg Type PAN Reg State MA Veh Year 2009 Veh Make MAZDA Veh Config. 1 20			Operator FLANAGAN JEAN M Address 676 WATERTOWN ST (apt. C) City NEWTON State MA Zip 02458-1805 Insurance Company GEICO GENERAL Vehicle Action Prior to Crash 10 21 Damaged Area Code: (Circle Up to Three)				
Operator Last First Middle Address City State Zip Insurance Company			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 Most Harmful Event 2 23 Driver Contributing Code 97 24 24 Underride/Override 25 Towed N				
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				
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:

Unit 1 Unit 2

20 AUSTIN ST PARKING LOT

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 he came out to his vehicle and found a note that someone had struck it. There was damage on his passenger rear door of MV#1. I spoke with the operator of MV#2 who stated that MV#1 was parked too close to her vehicle and she opened her drivers door and struck the passenger side door of MV#1.

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