

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 08/12/2019	Time of Crash 09:26 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 2	Number Injured 0	Speed Limit 25 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			WEST 20 MANDALAY RD Route# Direction Address # Name of Roadway/Street								2
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of _____ Mile Marker _____ Exit Number _____								10
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of _____ Route# Intersecting Roadway/Street _____								11
			Feet N S E W of _____ Landmark _____								4
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000828		
License # --- St MA DOB/Age ---			Reg # 374ZD3 Reg Type PAN Reg State MA								
Sex F Lic. Class D 18 18 Lic. Restrictions B 19 CDL _____			Veh Year 2000 Veh Make TOYOTA Veh Config. 1 20								
Operator KENNEY LAURA E			Owner KENNEY PAUL R								12
Address 28 FREMONT ST			Address 28 FREMONT STREET								1
City TAUNTON State MA Zip 02780			City TAUNTON State MA Zip 02789								
Insurance Company SAFETY INSURANCE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 2 22 22 22 22			Event Sequence 2 23 1 3 4			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event 2 23			Driver Contributing Code 1 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
Please fill out for operator and all occupants involved											13
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 4 0 0 10 1								2
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 # US479N Reg Type PAN Reg State MA								
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2014 Veh Make AUDI Veh Config. 1 20								
Operator _____			Owner WEINSTEIN STEVEN A								
Address _____			Address 20 MANDALAY RD								
City _____ State _____ Zip _____			City NEWTON State MA Zip 02459								
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? _____			Event Sequence 1 22 22 22 22			Event Sequence 1 23 1 3 4			10 Undercarriage 5 11 Totaled		
Citation # (If Issued) _____			Most Harmful Event 1 23			Driver Contributing Code 1 24 24					
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Underride/Override 25 Towed Y								
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:

Mandaly Road

MV#2

20

P.O.I.

MV#1

NOT TO SCALE

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 traveling west on Mandalay Road when it struck MV#2 which was parked in front of 20 Mandalay Road.

-OpMV#1 stated she was traveling on Mandalay Road when a squirrel ran out on to the road in front of MV#1 startling her. OpMV#1 swerved to avoid the squirrel striking MV#2. OpMV#1 knocked on the door of 20 Mandalay in attempt to find the owner of MV#2. She then contacted police to report the incident.

-OwMV#2 stated was contacted and informed of the collision.

-I observed damage the right front bumper and head light of MV#1. I next observed the damage to the left rear bumper of MV#2.

-Neither vehicle was towed from the scene. There were no injuries report at the time of this report. No citations were issued.

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