

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/14/2019		Time of Crash 12:53 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 _____				9 SOUTH 220 BOYLSTON ST LOT		Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ • _____ or _____ Mile Marker _____ Exit Number _____						2 10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____				____ Feet [N S E W] of _____		Route# _____ Intersecting Roadway/Street _____						11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____				____ Feet [N S E W] of _____		Landmark _____						3	
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants		<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000835							
License # _____ St MA DOB/Age _____				Reg # 55LY86		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2007		Veh Make BMW		Veh Config. 1 20					
Operator BLANCO TATIANA				Owner (Same as operator)		First _____ Middle _____		Last _____					12
Address 1 CHARLES ST S (apt. 412)				Address _____		First _____ Middle _____		Last _____					
City BOSTON State MA Zip 02116				City _____ State _____ Zip _____		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Insurance Company METROPOLITAN				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Vehicle Travel Direction: [N X E W] Responding to Emergency? _____				Most Harmful Event 1 23		Driver Contributing Code 1 24 24		Underride/Override 25 Towed N					
Citation # (If Issued) _____				9		8 7 6		5 11 Totaled					
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								13	
Operator See Above				-----		---		1 2 99 0 0 10 1		NONE		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 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped													
License # _____ St MA DOB/Age _____				Reg # 5PS932		Reg Type PAN		Reg State MA					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____				Veh Year 2010		Veh Make TOYOTA		Veh Config. 1 20					
Operator WILKIN SUE				Owner (Same as operator)		First _____ Middle _____		Last _____					
Address 50 BREWSTER RD				Address _____		First _____ Middle _____		Last _____					
City NEWTON State MA Zip 02461				City _____ State _____ Zip _____		Vehicle Action Prior to Crash 1 21		Damaged Area Code: (Circle Up to Three)					
Insurance Company COMMERCE				Event Sequence 1 22 22 22 22		2 3 4		10 Undercarriage					
Vehicle Travel Direction: [N S E X] Responding to Emergency? _____				Most Harmful Event 1 23		Driver Contributing Code 4 24 24		Underride/Override 25 Towed N					
Citation # (If Issued) _____				9		8 7 6		5 11 Totaled					
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								13	
Operator/Non-Motorist See Above				-----		---		1 4 99 0 0 10 1		NONE		1	

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

#220 BOYLSTON ST LOT

MV2

MV1

STOP

N

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:

OPER OF MV#1 STATED THAT SHE WAS TRAVELLING SB IN THE PARKING OF LOT OF #220 BOYLSTON ST, WHEN MV#2 PROCEEDED THROUGH A STOP SIGN (LOT SIGN), AND STRUCK HER VEHICLE.

OPER OF MV#2 STATED THAT SHE WAS STOPPED AT A STOP SIGN IN THE PARKING LOT, AND THAT SHE DID NOT SEE MV#1 APPROACHING. MV#1 THEN STRUCK THE SIDE OF MV#2 AS SHE PULLED OUT.

MV#1 SUSTAINED MINOR FRONT DAMAGE AND WAS TOWED BY AAA.

MV#2 SUSTAINED MODERATED DRIVER SIDE DAMAGE TO THE DOORS AND WAS TOWED BY TODYS. THERE WERE NO INJURIES DUE TO THIS ACCIDENT.

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