

Police Use Only			Commonwealth of Massachusetts				RMV Document Number						
Date of Crash 08/17/2019		Time of Crash 11:22 24HR		City/Town NEWTON		Motor Vehicle Crash Police Report		Number Vehicles 1	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 _____				EAST 32 LANGLEY RD REAR LOT Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet [N S E W] of _____ Mile Marker _____ Exit Number _____ ____ Feet [N S E W] of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet [N S E W] of _____ Landmark _____								2	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____												10	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												11	
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____												2	
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000844					
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company GEICO				Reg # 9HF933 Reg Type PAN Reg State MA Veh Year 2007 Veh Make HONDA Veh Config. [1] [20] Owner SHOCK CLAIRE Address 318 (apt. 12) SUMMIT AVE City BOSTON State MA Zip 02135 Vehicle Action Prior to Crash [11] [21] Damaged Area Code: (Circle Up to Three) Event Sequence [1] [22] [22] [22] [22] 2 3 4 Most Harmful Event [1] [23] 10 Undercarriage Driver Contributing Code [1] [24] [24] 5 11 Totaled Underride/Override [25] Towed N 8 7 6								12	
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 _____												1	
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												1	
Operator See Above													
Please Select One of the Following: <input type="checkbox"/> Vehicle #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 _____ Sex _____ Lic. Class [18] [18] Lic. Restrictions [19] CDL _____ Operator _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____				Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. [20] Owner _____ Last _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash [21] Damaged Area Code: (Circle Up to Three) Event Sequence [22] [22] [22] [22] 2 3 4 Most Harmful Event [23] 10 Undercarriage Driver Contributing Code [24] [24] 5 11 Totaled Underride/Override [25] Towed _____ 8 7 6								99	
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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:

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:

OWNER OF MV1, STATED THAT HER VEHICLE WAS PARKED IN THE REAR LOT OF #32 LANGLEY RD, AND WHILE IT WAS UNATTENDED, AN UNKNOWN VEHICLE STRUCK THE REAR BUMPER/LIGHT (DRIVER SIDE). MV1 SUSTAINED MINOR DAMAGE TO THE LIGHT AND BUMPER/FENDER AREA.

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

RICHARD F BENES

NEWTON POLICE DEPT

08/17/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date