

Commonwealth of Massachusetts

| Police Use Only | | | Commonwealth of Massachusetts | | | | RMV Document Number | | | | | |
|---|--------------------------------|---------------------|--|--|---|------------------------|---|---|--|--|--|--|
| Date of Crash 08/24/2019 | Time of Crash 07:30 24HR | City/Town NEWTON | Motor Vehicle Crash Police Report | | Number Vehicles 2 | Number Injured 0 | Speed Limit <u>15</u> 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 _____ | | | NORTH 212 KENRICK ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ • _____ or _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Mile Marker _____ Exit Number _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ ____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____ | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ | | | | | | | | | | | | |
| Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Vehicle 1 <u>1</u> #Occupants | | | <input checked="" type="checkbox"/> Hit/Run | | <input type="checkbox"/> Moped | | Case Number 190000873 | | | | | |
| License # _____ St MA DOB/Age _____ | | | Reg # 748KA9 | | Reg Type PAN | | Reg State MA | | | | | |
| Sex M Lic. Class <u>18</u> <u>18</u> Lic. Restrictions <u>1</u> <u>19</u> CDL _____ | | | Veh Year _____ | | Veh Make JEEP | | Veh Config. <u>1</u> <u>20</u> | | | | | |
| Operator CARR COREY | | | Owner (Same as operator) | | | | | | | | | |
| Address 19 SOUTH ST (apt. 8) | | | Address _____ | | | | | | | | | |
| City BOSTON State MA Zip 02135 | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company PREFERRED MUTUAL | | | Vehicle Action Prior to Crash <u>11</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | Event Sequence <u>1</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | 2 3 4 | | | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>1</u> <u>23</u> | | 1 9 10 Undercarriage | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>1</u> <u>24</u> <u>24</u> | | 5 11 Totaled | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed N | | 6 7 8 | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 27 28 29 30 31 32 33 | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | | |
| Operator See Above | | | 99 4 99 0 0 10 1 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 <u>1</u> #Occupants | | | <input type="checkbox"/> Non-Motorist A Type <u>14</u> | | Action <u>15</u> Location <u>16</u> Condition <u>17</u> | | <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped | | | | | |
| License # _____ St XX DOB/Age _____ | | | Reg # UNK | | Reg Type UNK | | Reg State XX | | | | | |
| Sex _____ Lic. Class <u>99</u> <u>18</u> <u>18</u> Lic. Restrictions <u>9</u> <u>19</u> CDL _____ | | | Veh Year UNK | | Veh Make UNK | | Veh Config. <u>97</u> <u>20</u> | | | | | |
| Operator UNK UNK | | | Owner (Same as operator) | | | | | | | | | |
| Address UNK UNK | | | Address _____ | | | | | | | | | |
| City UNK State XX Zip UNK | | | City _____ State _____ Zip _____ | | | | | | | | | |
| Insurance Company UNK | | | Vehicle Action Prior to Crash <u>99</u> <u>21</u> Damaged Area Code: (Circle Up to Three) | | | | | | | | | |
| Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N | | | Event Sequence <u>2</u> <u>22</u> <u>22</u> <u>22</u> <u>22</u> | | 2 3 4 | | | | | | | |
| Citation # (If Issued) _____ | | | Most Harmful Event <u>2</u> <u>23</u> | | 1 9 10 Undercarriage | | | | | | | |
| Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____ | | | Driver Contributing Code <u>99</u> <u>24</u> <u>24</u> | | 5 11 Totaled | | | | | | | |
| Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____ | | | Underride/Override <u>25</u> Towed N | | 6 7 8 | | | | | | | |
| Please fill out for operator and all occupants involved | | | 26 27 28 29 30 31 32 33 | | | | | | | | | |
| Name (Last First Middle) Address Age/DOB Sex Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility | | | | | | | | | | | | |
| Operator/Non-Motorist See Above | | | 99 99 99 0 0 99 1 | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

Kenrick St

CLUB HOUSE

MV1

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:

The operator of MV1 stated he parked Northbound facing Kenrick St. in the driveway of the golf course across from the club house at approximately 0600 hrs. When the operator returned to his vehicle at 0730 hrs, there was minor front drivers side damage. There is no other vehicle information at this time, and no cameras in the 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