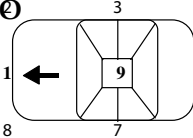
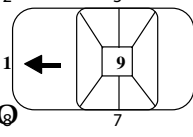


Commonwealth of Massachusetts

Police Use Only						Commonwealth of Massachusetts										RMV Document Number					
Date of Crash 09/05/2019	Time of Crash 15:15 24HR	City/Town NEWTON		Motor Vehicle Crash Police Report						Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input checked="" type="checkbox"/> Other:								
AT INTERSECTION:				<	LOCATION		>	NOT AT INTERSECTION:													
				WEST		237		WATERTOWN ST													
Route# Direction Name of Roadway/Street				Route# Direction Address #		Name of Roadway/Street															
At				Feet N S E W of		Mile Marker or Exit Number															
Route# Direction Name of Intersecting Roadway/Street				Feet N S E W of		Route# Intersecting Roadway/Street															
Also at Intersection with				Feet N S E W of		Landmark															
Route# Direction Name of Intersecting Roadway/Street																					
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants				<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000913													
License # --- St MA DOB/Age -- -- ----				Reg # M89961 Reg Type MVN Reg State MA																	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2014 Veh Make FORD Veh Config. 2 20																	
Operator ORTEGA OSCAR Last First Middle				Owner NEWTON HOUSING AUTHORITY Last First Middle																	
Address 23 MAPLEWOOD DR				Address 82 LINCOLN STREET																	
City N GRAFTON State MA Zip 01536				City NEWTON State MA Zip 02461																	
Insurance Company ARBELLA PROTECTION				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: X S E W Responding to Emergency? N				Event Sequence 1 22 22 22 22 23 Most Harmful Event 1 24 Driver Contributing Code 99 24 Underride/Override 25 Towed N																	
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																					
Operator See Above ----- - - - - - 1 4 4 0 0 10 1 NONE																					
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 # 156YX4 Reg Type PAN Reg State MA																	
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment				Veh Year 2005 Veh Make TOYOTA Veh Config. 2 20																	
Operator FLEURIDOR NICOLE Last First Middle				Owner (Same as operator) Last First Middle																	
Address 237 WATERTOWN ST (apt. F)				Address _____																	
City NEWTON State MA Zip 02458				City _____ State _____ Zip _____																	
Insurance Company PROGRESSIVE DIRECT				Vehicle Action Prior to Crash 1 21 Damaged Area Code: (Circle Up to Three)																	
Vehicle Travel Direction: N S E X Responding to Emergency? N				Event Sequence 1 22 22 22 22 23 Most Harmful Event 1 24 Driver Contributing Code 99 24 Underride/Override 25 Towed N																	
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 Seat Pos. Safety System Airbag Status Airbag Switch Eject Code Trap Code Injury Status Transp. Code Medical Facility																					
Operator/Non-Motorist See Above ----- - - - - - 1 4 4 0 0 10 1 NONE																					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

237 Watertown St

239 Watertown St

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 Vehicle #1 stated that he was attempting to pull out of a spot in the parking lot at 237 Watertown St when Vehicle #2 passed in front of his vehicle as she was attempting to leave her spot.

The operator of Vehicle #2 offered a similar account, and added that she believed that Vehicle #1 was stopping to let her go.

All parties declined medical attention.

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