

Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/08/2019	Time of Crash 15:49 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____	State Police Local Police MBTA Police Other:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			WEST 199 BOYLSTON ST								
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Route# Direction Address # Name of Roadway/Street								
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Mile Marker _____ Exit Number _____								
Route# Direction Name of Intersecting Roadway/Street			Feet [N][S][E][W] of _____ Route# Intersecting Roadway/Street _____								
Route# Direction Name of Intersecting Roadway/Street			Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000921		
License # _____ St _____ DOB/Age _____			Reg # 9AC639			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____			Veh Year 2018			Veh Make HONDA			Veh Config. [1][20]		
Operator _____ Last _____ First _____ Middle _____			Owner LIU SIMON			Last _____ First _____ Middle _____			Address 824 RIDGE RD		
Address _____			City WILBRAHAM			State MA			Zip 01095		
Insurance Company METROPOLITAN			Vehicle Action Prior to Crash [11][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]			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event [1][23]			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code [1][24][24]								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override [25] Towed N								
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			See Above								
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 checked="" type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # _____ St _____ DOB/Age _____			Reg # EV585Y			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class [18][18] Lic. Restrictions [19] CDL _____			Veh Year 2019			Veh Make NISSAN			Veh Config. [1][20]		
Operator _____ Last _____ First _____ Middle _____			Owner NEAL RICHARD			Last _____ First _____ Middle _____			Address 19 MAXFIELD ST		
Address _____			City BOSTON			State MA			Zip 02132		
Insurance Company USAA CASUALTY			Vehicle Action Prior to Crash [10][21]			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: [N][S][X][W] Responding to Emergency? N			Event Sequence [2][22][22][22][22]			3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event [2][23]			1 2 3 4 5 6 7 8 9 10 11			11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code [19][24][24]								
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override [25] Towed N								
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:

The owner of vehicle 1 went into the mall, came back to their parked car, and noticed paint on the rear driver's side. They found a note on their car from a witness stating she saw vehicle 2 side swipe their car and leave the area. The witness stated that vehicle 2 was backing out of their space, and side swiped vehicle 1. Vehicle 2 should have damage on the front passenger side. The damage was very minor. I attempted to contact the owner with negative results.

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