

## Commonwealth of Massachusetts

Police Use Only			Motor Vehicle Crash Police Report				RMV Document Number				
Date of Crash 09/12/2019	Time of Crash 16:15 24HR	City/Town NEWTON	Number Vehicles 2	Number Injured 0	Speed Limit 15 Latitude Longitude	State Police Local Police MBTA Police Other:					
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
Route# Direction Name of Roadway/Street At			EAST 2020 COMMONWEALTH AVE Route# Direction Address # Name of Roadway/Street Feet N S E W of Mile Marker Exit Number				2 9				
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with			Feet N S E W of Route# Intersecting Roadway/Street				2 10				
Route# Direction Name of Intersecting Roadway/Street			Feet N S E W of Landmark				11 5				
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000934		
License # St DOB/Age			Reg # 9DGS10 Reg Type PAN Reg State MA			Sex Lic. Class 18 18 Lic. Restrictions 19 CDL Endorsment			Veh Year 15 Veh Make BMW Veh Config. 2 20		
Operator Last First Middle			Owner KINGSTON MINDY			Address 32 PARKS DR			City SHERBORN State MA Zip 01770		
Insurance Company NORFOLK DEDHAM UNIT			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 1 22 22 22 22 2		
Vehicle Travel Direction: N S E W Responding to Emergency? N			Most Harmful Event 1 23			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec		
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			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			Operator See Above			Operator See Above			Operator See Above		
Operator See Above			Operator See Above			Operator See Above			Operator See Above		
Operator See Above			Operator See Above			Operator See Above			Operator See Above		
Operator See Above			Operator See Above			Operator See Above			Operator See Above		
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 # 5WN232 Reg Type PAN Reg State MA			Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Veh Year 2015 Veh Make HYUN Veh Config. 1 20		
Operator NASSOLO KASITA COMFORT			Owner (Same as operator)			Address			City State Zip		
Address 90 MIDDLESEX RD (apt. 3)			Address			City State Zip			Vehicle Action Prior to Crash 4 21		
Insurance Company COMMERCE INSURANCE			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)			Event Sequence 2 22 22 22 22 2		
Vehicle Travel Direction: N X E W Responding to Emergency? N			Most Harmful Event 2 23			Driver Contributing Code 12 24 24			Underride/Override 25 Towed N		
Citation # (If Issued) T2081364			Citation # (If Issued)			Citation # (If Issued)			Citation # (If Issued)		
Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 1: Ch Sec Violation 2: Ch Sec		
Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec		
Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			Please fill out for operator and all occupants involved			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			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above		
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above		
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above		
Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above			Operator/Non-Motorist See Above		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    ☹ Pedestrian

ie: → 1    → 2    → ☹

**Crash Diagram:**

2020 Commonwealth Ave

Commonwealth Ave

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

⬅ N ➡

**Crash Narrative:**

MV#1 was parked unoccupied in a parking spot in the parking lot of 2020 Commonwealth Ave. Operator of MV#2 stated she pulled in and attempted to go around MV#2 when she heard a sound. Operator of MV#2 stated she got out of the car and looked at MV#1 and did not see any damage so she thought maybe she hit something else or drove over something. She then parked in another spot in the shared parking lot. I was able to see paint transfer and damage on both vehicles that confirmed a crash had occurred. Operator of MV#2 was apologetic and stated she had only had her license for two months. Both vehicles were able to be driven from the scene and both parties were advised an accident report would be on file.

**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