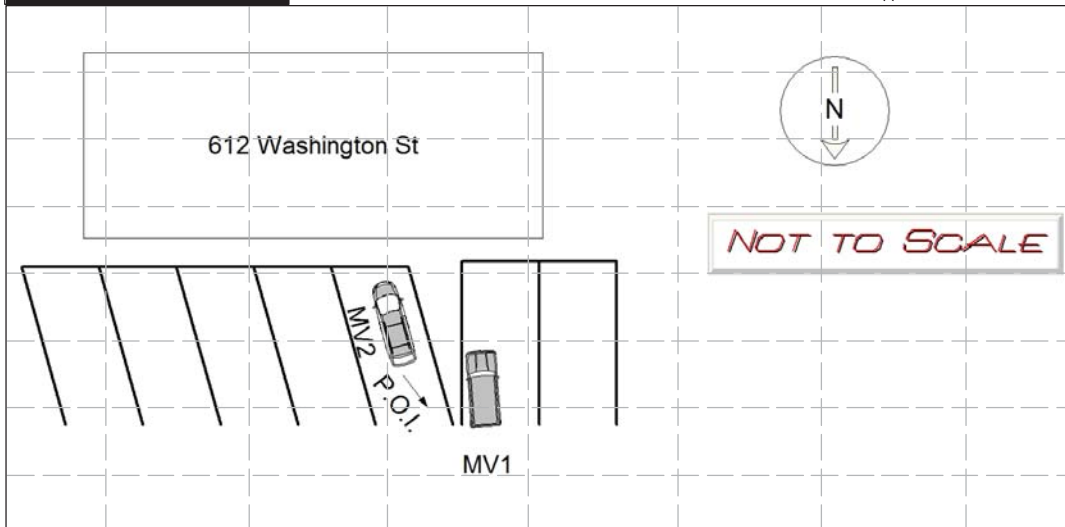


Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 09/15/2019	Time of Crash 16:04 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit 5 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>		
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			WEST 612 WASHINGTON ST Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ Mile Marker _____ or _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E 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 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 1900000943			
License # _____ St _____ DOB/Age _____			Reg # 1KYL95		Reg Type PAN		Reg State MA			
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____			Veh Year 2020		Veh Make MERCEDES		Veh Config. 2 20			
Operator _____ Last _____ First _____ Middle _____			Owner DENG MIAOLI		Last _____ First _____ Middle _____					
Address _____			Address 549 CHESTNUT ST		Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City NEEDHAM		State MA		Zip 02492			
Insurance Company PLYMOUTH ROCK			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W 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 Toted					
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 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 DE DOB/Age ---			Reg # KZC0085		Reg Type PC		Reg State PA			
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____			Veh Year 2019		Veh Make DODGE		Veh Config. 2 20			
Operator PERRUSQUIA EDNA			Owner EAN HOLDINGS LLC		Last _____ First _____ Middle _____					
Address 1609 STONY RUN DR			Address 14002 (apt. 1500) EAST 21ST ST		Last _____ First _____ Middle _____					
City WILMINGTON State DC Zip 19803			City TULSA		State OK		Zip 74134			
Insurance Company ENTERPRISE RENTAL			Vehicle Action Prior to Crash 10 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: X S E W Responding to Emergency? N			Event Sequence 2 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued) _____			Most Harmful Event 2 23		1 2 3 4 5 6 7 8 9 10 11 Toted					
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			-----		1 4 99 0 0 10 1					

→ 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:

MV1 stated she was parked in her space when MV2 who was to her left was backing out of their space and made contact with her vehicle. MV1 sustained minor drivers side rear damage. It should be noted MV1 was not parked in their space properly (had a foot or 2 to pull forward and their drivers side tire was completely on the yellow line).

MV2 stated she waited until MV1 parked and when she was backing out did not realize how far MV1 was sticking out subsequently making contact. The passenger side rear of MV2 sustained minor damage.

I checked with 7/11 regarding their camera systems, however none point to the area where this incident occurred.

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 35

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ ICC #: _____ Interstate 36

Cargo Body Type Code 37 Gross Vehicle Weight 38

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name _____ Material 4 digit # _____ Release code 42

GREGORY P HELMS

NEWTON POLICE DEPART

09/15/2019

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date