

Commonwealth of Massachusetts

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/16/2019	Time of Crash 19:27 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report		Number Vehicles 2	Number Injured 0	Speed Limit <u>25</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 _____			SOUTH 29 CRAFTS 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 _____ Mile Marker _____ Exit Number _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			Feet <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ LENGLEN RD Route# _____ Intersecting Roadway/Street _____								
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____								
<input checked="" type="checkbox"/> Vehicle 1 0 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000948		
License # _____ St _____ DOB/Age _____			Reg # EV633C			Reg Type PAN			Reg State MA		
Sex _____ Lic. Class <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 19 CDL _____			Veh Year 2018			Veh Make TESL			Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20		
Operator _____ Last _____ First _____ Middle _____			Owner IODICE MICHAEL			Last _____ First _____ Middle _____					
Address _____			Address 29 (apt. 299) CRAFT ST			Last _____ First _____ Middle _____					
City _____ State _____ Zip _____			City NEWTON			State MA			Zip _____		
Insurance Company ARBELLA MUTUAL INS			Vehicle Action Prior to Crash <input type="checkbox"/> 11 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23			1 9			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 1 <input type="checkbox"/> 24 <input type="checkbox"/> 1 <input type="checkbox"/> 24			8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N			7 6					
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 <input type="checkbox"/> 14 Action <input type="checkbox"/> 15 Location <input type="checkbox"/> 16 Condition <input type="checkbox"/> 17			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # R8875			Reg Type PAN			Reg State MA		
Sex M Lic. Class <input type="checkbox"/> D <input type="checkbox"/> 18 <input type="checkbox"/> 18 Lic. Restrictions <input type="checkbox"/> 1 <input type="checkbox"/> 19 CDL _____			Veh Year 2013			Veh Make VOLK			Veh Config. <input type="checkbox"/> 1 <input type="checkbox"/> 20		
Operator RAMSEY GREGORY			Owner (Same as operator)			Last _____ First _____ Middle _____					
Address 303 SHWMUT AVE (apt. 10)			Address _____			Last _____ First _____ Middle _____					
City BOSTON State MA Zip 02118			City _____ State _____ Zip _____			State _____ Zip _____					
Insurance Company LIBERTY MUTUAL INS			Vehicle Action Prior to Crash <input type="checkbox"/> 1 <input type="checkbox"/> 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence <input type="checkbox"/> 2 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 22			2 3 4			10 Undercarriage		
Citation # (If Issued) _____			Most Harmful Event <input type="checkbox"/> 2 <input type="checkbox"/> 23			1 9			5 11 Totaled		
Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code <input type="checkbox"/> 99 <input type="checkbox"/> 24 <input type="checkbox"/> 99 <input type="checkbox"/> 24			8					
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____			Underride/Override <input type="checkbox"/> 25 Towed N			7 6					
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			-----			---		
						99 99 99 0 0 10 1					

→ Direction 1 = Vehicle 1 2 = Vehicle 2 Pedestrian

ie: → 1 → 2 →

Crash Diagram:

NOT TO SCALE

LENGLEN RD.

Unit 1

Unit 2

Unit 2

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:

MV#1 Was parked on Lenglen Rd next to 29 Craft St when it was struck by another vehicle. The owner of MV#1 stated he has cameras on the vehicle and captured video of a gray Volkswagen (MA REG#R8875) traveling down Lenglen Rd and side swiping his vehicle before making a right turn onto Craft St traveling Northbound. I attempted to contact the OPMV#2, which he stated he didn't realize he struck a parked vehicle.

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

REID LARSON **NEWTON POLICE DEPT** **09/16/2019**

Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

CDP1 11 -24:00