

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 09/20/2019	Time of Crash 13:35 24HR	City/Town NEWTON	Motor Vehicle Crash Police Report				Number Vehicles 3	Number Injured 0	Speed Limit 15 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:				
<div>11Route# Direction Name of Roadway/Street At</div> <div>21Route# Direction Name of Intersecting Roadway/Street Also at Intersection with</div> <div>3Route# Direction Name of Intersecting Roadway/Street</div>			<div>29NORTH 999 BOYLSTON ST</div> <div>210Route# Direction Address # Name of Roadway/Street</div> <div>Feet N S E W of _____ • _____ or _____ Mile Marker Exit Number</div> <div>11Feet N S E W of _____ Route# Intersecting Roadway/Street</div> <div>Feet N S E W of _____ Landmark</div>								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 190000963		
License # --- St MA DOB/Age ---			Reg # 627JT6 Reg Type PAS Reg State MA			Veh Year 2017 Veh Make MERZ Veh Config. 2					
Sex F Lic. Class D 18 18 Lic. Restrictions 1 19 CDL _____ Endorsement			Operator DICKINSON JESSICA Last First Middle			Owner ORI BEN-AKIVA Last First Middle			Address 90 DARTMOUTH STREET		
City BOSTON State MA Zip 02116			City BOSTON State MA Zip 02116			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company COMMERCE			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 1 22 30 22 22 22 2			Most Harmful Event 30 23		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 19 24 24			Underride/Override 25 Towed Y		
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 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 type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped		
License # --- St DOB/Age ---			Reg # IIDOG Reg Type PAS Reg State MA			Veh Year 2015 Veh Make MINI COOPER Veh Config. 1					
Sex _____ Lic. Class 18 18 Lic. Restrictions 19 CDL _____ Endorsement			Operator SULLIVAN DANIEL Last First Middle			Address 1 PRESCOTT AVE					
City _____ State _____ Zip _____			City NATICK State MA Zip 01760			Vehicle Action Prior to Crash 11 21			Damaged Area Code: (Circle Up to Three)		
Insurance Company GOVT EMPLOYEE			Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? N			Event Sequence 10 22 22 22 22 2			Most Harmful Event 10 23		
Citation # (If Issued) _____			Violation 1: Ch _____ Sec _____ Violation 2: Ch _____ Sec _____			Driver Contributing Code 1 24 24			Underride/Override 25 Towed N		
Violation 3: Ch _____ Sec _____ Violation 4: Ch _____ Sec _____											
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Operator/Non-Motorist			See Above			-----			-----		

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			Landmark							
<input checked="" type="checkbox"/> Vehicle 3 0 #Occupants			<input type="checkbox"/> Hit/Run		<input type="checkbox"/> Moped		Case Number 190000963			
License # St DOB/Age			Reg # 72DA66		Reg Type PAS		Reg State MA			
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year 2017		Veh Make TOYOTA		Veh Config. 1 20			
Operator Last First Middle			Owner BURKE DOROTHY							
Address			Address 17 WOODWARD STREET							
City State Zip			City NEWTON		State MA		Zip 02461			
Insurance Company ARBELLA MUTUAL			Vehicle Action Prior to Crash 11 21		Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E W Responding to Emergency? N			Event Sequence 10 22 22 22 22		2 3 4		10 Undercarriage			
Citation # (If Issued)			Most Harmful Event 10 23		1 9		5 11 Totaled			
Violation 1: Ch Sec Violation 2: Ch Sec			Driver Contributing Code 24 24		8 7 6					
Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N							
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Operator			See Above		-----		---			
Please Select One of the Following:			<input type="checkbox"/> Vehicle #Occupants		<input type="checkbox"/> Non-Motorist A Type 14		Action 15		Location 16	
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									<input type="checkbox"/> Moped	
License # St DOB/Age			Reg #		Reg Type		Reg State			
Sex Lic. Class 18 18 Lic. Restrictions 19 CDL			Veh Year		Veh Make		Veh Config. 20			
Operator Last First Middle			Owner							
Address			Address							
City State Zip			City		State		Zip			
Insurance Company			Vehicle Action Prior to Crash 21		Damaged Area Code: (Circle Up to Three)					
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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

○

NOT TO SCALE

Crash Narrative:

OPERATOR OF MV 1 STATED THAT SHE WAS IN THE PARKING LOT BEHIND 999 BOYLSTON STREET AND WHILE SHE WAS IN A SPOT, SHE BELIEVES SHE ACCIDENTALLY STEPPED ON THE GAS PEDAL AND THE VEHICLE MOVED FORWARD. THE VEHICLE STRUCK A SECTION OF THE WOODEN FENCE WHICH FELL AND CAUSED MINOR DAMAGE TO THE VEHICLE PARKED NEXT TO THEM. MODERATE DAMAGE SUSTAINED TO MV 1 AND NO INJURIES WERE REPORTED. OWNER OF MV REQUESTED A PRIVATE TOW FOR THE VEHICLE. TWO OTHER VEHICLES WHO WERE PARKED CLOSE TO MV 1 MAY HAVE BEEN DAMAGED BY THE FALLING FENCE.

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

MATTHEW W COLELLA **NEWTON POLICE DEPARTMENT** **09/20/2019**

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

CDP1 11 -24-00